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ABSTRACT

In order to direct its curriculum units at critical health issues facing the migrant population, Project HAPPIER (Health Awareness Patterns Preventing Illness and Encouraging Responsibility) conductod two surveys focusing on the health status of migrants and their needs for further health information. The present survey, with data from 109 migrant families in 9 states, focused on the incidence of illnesses during the last 12 months, environmental health factors, barriers to obtaining health services, perceptions of 65 selected illnesses, and treatments used for those illnesses. Respondents indicated a high incidence for both minor and major illnesses; they showed a strong desire for information, with one-third of the families wanting more information on each of the illnesses. Data on perceptions and treatments of illnesses showed areas of sophisticated knowledge and areas where information is badly needed. Health education should emphasize key disease processes, migrant control over their own health status, and knowing when to seek professional help for illness. Because of the socio-cultural diversity of migrants in the United States, this survey should be conducted with other special populations. Item-by-item analysis of responses, comparison of results with a related survey of health care providers, and the 11-page Spanish/English survey form are included. (JHZ)

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HAPPIER

Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility

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PROJECT HAPPIER

FINAL REPORT OF SURVEY RESULTS

MIGRANT FAMILY SURVEY

Robert T. Trotter, II
Pan American University

September 21, 1984

U.S. DEPARTMENT OF EDUCATION
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I. PROJECT DESCRIPTION

Project HAPPIER (Health Awareness Patterns Preventing Illnesses and Encouraging Responsibility) is a grant funded through the United States Department of Education (143c) discretionary funds. The project is an attempt to coordinate intra/interstate and intra/interagency efforts to disseminate curriculum units on health promotion/disease prevention for migrant children.

The project has assembled a consortium of representatives from State Departments of Education, State Health Departments, heath care delivery experts, plus key individuals from federal programs responsible for both migrant health and migrant education. The goal of the consortium is to aid Pennsylvania's Migrant Education staff and project personnel develop a resource guide for migrant children from pre-kindergarten to grade 12. These units will be available for use by teachers, health personnel, and parents (in any instructional setting).

In order to direct its curriculum units at critical health issues facing the migrant population, Project HAPPIER conducted two surveys. One survey was directed at the providers of health and education services for migrants. The other collected data from the migrants themselves. These surveys focused on the general health status of migrants and their needs for further health information.

Together these surveys provide an excellent data base for developing health education curricula covering all of the major health education needs of migrants. They assure that the information which will be provided to migrants is not only information that they need to know, but also information that they want to

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know. Attention and retention of information are normally driven by interest. Therefore, the combined data of the two surveys assures that the Project HAPPIER curricular elements will not only be accurate and useful from an institutional viewpoint, but will also be retained and used by their intended audience.

II. REVIEW OF AVAILABLE INFORMATION

A review of the available literature on migrant health education and migrant health status was conducted, using all of the available data bases relevant to the subject area. The results were singularly negative. This appears to be an area of extreme neglect by the scientific community. The following reports, most of which are mimeographed project summaries, are virtually the only published sources of primary data relevant to migrant health education in the United States.

The most comprehensive report on migrant health status comes from a project conducted in Tulare County, California (Mines and Kearney 1982). The project combined ethnographic research (to provide a descriptive narrative for the findings and to assure that the questions on the survey instrument fit the reality of the migrant lifestyle) with a well constructed survey of more than 1000 migrant families.

The report covers both "minor" and "serious" health conditions; maternal and child health, environmental conditions, and attitudes towards medical services. The most common minor conditions reported were bleeding gums, backache, nervousness, headaches, and strong anger. The most common serious conditions were anemia, high blood pressure, diabetes, tuberculosis, heart at-

tack, lazy eye, venereal diseases, paralysis, cancer, and dental problems. The report provides age specific data on these and other conditions.

Findings that are of particular significance for Project HAPPIER are that 29 percent of the migrants were suffering from some form of mild psychological distress, 28.5 percent had had injuries due to accidents, 24 percent of the women had suffered miscarriages (and 6.9 percent had had still births), 19.6 percent reported dental problems, 9.4 percent reported orthopedic/musculo-skeletal problems, 5.1 percent had respiratory problems, but only 1.4 percent had serious mental problems.

The Tulare project data supports the contention that migrants will seek services, if those services are made available to them. Farmworkers actively sought conventional care at a rate of 4.4 visits per year per person. In fact, "the overwhelmingly Mexican immigrant farmworker population of Tulare County actually takes its children of less than 15 years of age to doctors at rates above the national average." (Mines and Kearney 1982:87). Individuals over 65 years of age also seek services at rates above the national average, while those groups between those two age groups seek care at rates below the national average.

The recommendation section of the report clearly distinguishes between the responsibilities that should be relegated to health and education professionals and those areas in which the migrants can and must take responsibility for their own care. The authors state, "there is great need for education about basic health principles." (Mines and Kearney 1982:122). Presented in

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culturally appropriate ways, the education should focus on disease causation, prevention and treatment in focal areas that include perinatal care, sanitation, and nutrition. They conclude, this education is needed "to give farmworkers the knowledge to make simple but effective changes in living patterns that have direct effects on health" (Mines and Kearney 1982:123).

The second most comprehensive report on migrant health status is contained in a report on the health status of migrants in Wisconsin (Slesinger 1979). It too used a combined ethnographic and survey methodology to gather the data reported. The report contains a description of the migrant population in Wisconsin and a report on their health status and medical utilization patterns. The ten most commonly mentioned health conditions are headaches, eye trouble, backache, tooth and gum problems, nervousness, irritability, insomnia, depression, and stomach pains. The report also presents information on chronic illnesses. The fifteen most commonly mentioned chronic conditions for Wisconsin migrants are blindness/eye troubles, chronic nervousness (medicated), back or spine trouble, missing fingers and toes, arthritis, drinking problems, sinus problems, kidney problems, asthma, deafness, allergies, heart problems, and permanent stiffness or deformity.

In addition, questions on environmental conditions determined that over 50 percent of the migrants needed flush toilets, better sewage, and better garbage disposal conditions.

Other questions determined that migrant attitudes toward utilization of health services in Wisconsin were virtually identical with those reported in the Tulare County survey. Essentially, it was discovered that migrants will use whatever services

are available, if those services are made accessible to them.

The Slesinger report also provided a ranking of the most common barriers migrants experience in seeking health care. These are the time it takes to get an appointment, distance to the facility, language barriers, the times the facilities are open, the cost of services, loss of income, feeling uncomfortable with the doctor, a lack of knowledge of who to go to, and a fear of what the doctor might find. These questions from the Wisconsin survey were directly adopted for the family survey instrument.

The migrants indicated virtually no interest in having access to three types of services. These were alcoholism services, family planning, and mental health services. Other findings were that one third of the migrants had never visited a dentist, and one tenth of the children had never been immunized, while one fifth had some type of psychological distress, such as insomnia, irritability, nervousness, and low spirits.

Several other reports are worth mentioning. Two reports indicate that the nutritional status of migrant farm worker children demands attention and education (Chase et.al. 1971; Larson et.al. 1974). Nutritional deficiencies include anemia, vitamin C, and vitamin A deficiencies. Three reports deal with general health status of migrants (Education Commission of the States 1979; Speilberg-Benitez 1983;Barger and Reza 1984). The conclusions parallel those of the two broader reports described above. Migrants have more health problems than do matched non-migrant workers. Their most common problems fall within respiratory, digestive system ailments, accidents, skin diseases, infec-

tive diseases, parasitic diseases, nutritional and metabolic problems, nervous system and sense organ problems, and circulatory system problems.

One author (Speilberg-Benitez 1983) demonstrates that the migrant's higher than average number of health problems are not only be caused by migrant farmwork, but that their health status may cause them to enter the migrant labor force in the first place. Further, their health status may also keep them in migrant farmwork from then on. Based on a comparison with blue collar workers in a major home base area for migrants, his data indicate that it is not simply the farmworkers' educational status that prevents them from moving into a permanent employment setting, but also their health status. He states, "improvement of the health status of farmworkers facilitates their movement out of agricultural wage labor." (Speilberg-Benitez 1983).

The major weakness of these reports is that they cover small segments of the migrant population. This makes it difficult to use their data to set national or regional policy. This is one of the major problems that the family survey was designed to overcome. All of these reports and their associated research instruments were used to structure the questionnaire for migrant families, modified to fit all three major migrant streams.

In addition, the family survey questions were created in such a way that the data could confirm and expand the data collected by the Project HAPPIER survey of service providers . The relationship between the two Project HAPPIER surveys is described in the following section.

III. REVIEW OF PROJECT HAPPIER PROVIDER SURVEY

The first survey conducted by project HAPPIER was a survey of migrant health education needs, as they were viewed by members of the project consortium, by State Directors of Migrant Education, and the staffs of migrant health centers. The survey included a total of 18 response items for the people filling out the instrument.

a. Procedural Items

A number of the items in the provider survey dealt with procedural questions; data to help shape the curricula in the most functional directions. These items were not duplicated in the migrant family survey, because there was no corresponding knowledge that would have been generally available in the migrant population that was comparable to the information being sought from the providers.

1. Item 0: This item asked providers if they need health education materials and training for health promotion/disease prevention for their clients. The comments provided by some of the respondents indicated a need for specific materials in the area of dental hygiene, hygiene, nutrition, early childhood development, sex education, adolescent pregnancy, communicable disease control, cross-cultural awareness, Herpes Simplex, home safety, immunizations, impetigo, infant care, lead toxicity, pesticides, proper diet, and substance abuse. These items can be compared with the responses of the migrants provided in Part VI, section 1a and 1b.

2. Item 1: Item 1 asked which groups in the community should promote wellness and disease prevention in migrant families. Not surprisingly, all of the agencies that come into contact with migrants were mentioned, most often in terms of working together for this goal. Since the migrants may only use parts of the delivery system at any given time, this question was not asked in the family survey.

3. Item 2: Item 2 asked if community agencies and organizations cooperated. While migrants have a clear opinion of the levels of cooperation and competition between agencies, this was not considered a high priority question, since it would not have pro-

vided information on migrant health education needs. Space on the survey instrument was limited, and the question was not duplicated.

4. Item 3: Item three asked which organization should coordinate health education efforts. Again, limited space caused this question not to be included in the survey instrument.

5. Item 4: Item four asked for a response to various definitions of "holistic health." Since the concept of holistic health is not one that is in common usage amongst migrants, this question was not included. However, it should be noted that many of the migrants appear, from their responses, to be involved in utilizing multiple health resources, including ethnomedical concepts and practices. Therefore, their approach to health appears to be highly compatible with the more common definitions of holistic health.

6. Item 7: This item asked "what contributes most to the health status of an individual?" The data from the reports listed above, combined with discussions of migrant leaders indicated that the most common migrant response to this question would be "income." They felt with a good income, health problems would be minimized. Since there is a great deal of validity to that statement, but since it also indicated a significant difference in the way the question was understood by migrants, compared with providers, this item was not duplicated on the family survey.

7. Item 8: Item eight asked who has the most influence and credibility in promoting good health practices among migrant children and their parents. This question was not duplicated on the family survey. However, all of the available ethnographic data caused us to target the female head of the house hold as the best person to interview on family health status. The scientific literature indicates that she is the person most often responsible for, and knowledgeable about the health status and health intervention strategies for the migrant family.

8. Item 9: The question asked in item nine was, "who should provide health education for migrant children and their parents?" The ethnographic data and discussions with migrant leaders indicated a willingness to learn from any person that they trusted and had confidence in, regardless of institutional affiliation. Again, the ethnographic data demonstrates that migrants invest trust in individuals, not in institutions. Trust must be earned by each individual working with them, although good and bad experiences with a particular organization can speed the process in either a positive or negative direction. Therefore, since this is a procedural question of importance to the bureaucracies, but not the migrants, it was left off of the family survey.

9. Items 13, 14, 15: These three questions asked respondents to list any individuals, materials, or survey research instruments that the respondent was familiar with and could aid in the successful completion of the project. These items were not dupli-

cated on the migrant instrument, but information was derived from the question in terms of individuals that helped design the instrument and questions used on the instrument from other surveys that were noted by respondents.

b. Content Area Questions

Several of the items on the provider questionnaire dealt with content that was duplicated on the migrant family survey instrument. It is useful to compare these items, since they provide a view of the ways in which migrant health education needs are similar and are different when viewed by the migrants themselves and by the providers of migrant health and migrant education services.

1. Items 5 and 6: These two items explored the providers' view of what barriers exist for both providing health services to migrants and for migrants participating in health promotion/disease prevention programs. The key barriers were considered to be inaccessibility, cost, lack of awareness of programs, lack of general health knowledge, discrimination, language barriers, lack of transportation, cultural bias against modern medicine, and lack of outreach. Responses to questions on all of these elements were built into the family survey and are presented Part VI, section 4.

2. Item 10: Item ten asked which health instruction areas are most important in meeting the immediate and long term health needs of migrants. The areas felt to be most needed by the providers included nutrition, dental health, safety, fitness, disease control, human growth and development, mental health, substance abuse, and hygiene. These categories are closely related to the information provided in Part VI, section 2. However, these categories were not found to correspond closely enough with the categories picked by migrants in earlier surveys. The migrants tended, like virtually everyone who is not a health care or health education provider, to think in terms of specific problems, such as anemia, burns, or amoebas rather than categories such as nutrition, safety, or communicable diseases. Thus the information in Part VI, section 2 is presented in terms of specific problems, rather than broad categories. In many ways, this is more useful for targeting the curriculum development efforts of the project into the highest priority areas within each of the above broader categories.

3. Items 16 and 17: These items asked the providers to list the most frequently diagnosed health problems and the most serious causes of death for migrant families. This information corres-

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ponds with the information provided in Part VI, section 1. Information on mortality patterns was not asked of the migrants, due to the methodological problems of getting accurate information and due to space limitations on the instrument. The family survey makes up for this in the specificity of the health problems confronting migrants, and in the information available from the survey on the migrant's beliefs about disease causation.

The health problems most frequently listed by the providers include upper respiratory infections, anemia, otitis media, dermatological problems, dental problems, gastro-intestinal problems, nutritional deficiencies, intestinal infections, diarrhea, high risk pregnancy, vision problems, accidents, lice, lack of immunization, substance abuse, diabetes, and musculo-skeletal disorders. These can be compared with the migrant's responses given in Part VI, section 1.

IV. METHODOLOGY

The family migrant health education survey was designed to be a proportional random sample of migrant families in eight states; California, Florida, Illinois, Minnesota, Maryland, Pennsylvania, Texas, and Washington. Based on the estimated migrant population for each state, a sample was drawn that would give no more than a five percent (5%) error rate in the survey data.

Migrant education sites were identified in each state and individuals who were bilingual in the appropriate language were selected as interviewers. Each site was provided with a set of random numbers that allowed them to choose the families to be interviewed, without bias. Unfortunately, there is some indication that this system may not have been used in all cases. In addition, fewer than the requested number of interviews were completed in some states, changing the error rate to slightly less than 10 percent. Therefore, the sample should be considered a convenience sample, rather than one that is fully randomized. This divergence from the ideal should not detract from the extremely valuable information provided by the survey in terms of

developing health education programs for migrants. It is obvious from the data that there is a significant need for health education in this population, and that there is an equally significant desire on the part of the migrants for that education. The general homogeneity of the data also indicates that the priorities suggested by this data need not be effected by the methodological problems encountered in completing the survey.

Training was provided to the interviewers by conference calls in five states (Minnesota, Maryland, Illinois, Washington, and Pennsylvania), directly in one state (Texas), and through the training of trainers in two states (California and Florida). This is a less than ideal situation, but was the only alternative available, given time and financial constraints. It also produced a differentiation in the way the questionnaire was administered in three states.

In one section of the questionnaire a series of questions is asked about whether or not the members of the family have had certain illnesses, then asks the causes, treatments, and desire for further health education about these illnesses. In two states, where trainers were used, the interviewers only asked for the casual and treatment information on the illness that had been experienced by the family in the past twelve months; all other responses were blank. The intent had been to determine the informants knowledge about all of the illnesses, not just those experienced recently. While this divergence reduces the amount of data available, it does not destroy the overall validity of the information gathered on the migrant's views of the causes and treatments of each illness.

This survey makes at least some data available that describes how some of the migrants view health and illness. This is a major benefit of this study. No other information is available on the world view of the migrants, for this subject. This type of information is exactly what is needed to guide the development of culturally sensitive and appropriate curriculum. The loss of potential data is unfortunate, but does not negate the integrity of the data that was collected.

The reasons the illnesses and symptoms listed in the questionnaire were chosen are the frequency with which they are encountered in the migrant populations (according to migrant clinic personnel, earlier surveys, and ethnographic data collected on migrants over the last ten years by the author). In addition, all of the migrant health clinics in the United States were asked to respond to the appropriateness and completeness of a preliminary draft of the survey questionnaire. Clinic personnel suggested a number of additions to the symptom and illness list used to create the final version of the survey.

Finally, a note needs to be added on the language used in the questionnaire. The first draft of the questionnaire was completed in English. It was then modified to approximately a sixth grade reading level. The revised English version was then translated into Spanish appropriate to the border region of the United States. This version was back translated by someone who had not seen the English version, and modified to make sure of accurate correspondence of questions in both languages. Then the Spanish/English version was presented to several individuals who are fluent in the Puerto Rican dialect of Spanish. In all cases

where there was disagreement in terminology between Spanish dialects, the interviewer was provided with several alternatives, one of which should be recognized by the person being interviewed. This was considered preferable to a situation where only one word was presented to the person interviewed, thereby guaranteeing an incorrect word at least some of the time. Feedback from the interviewers indicated that this system worked very well.

Another version of the questionnaire was also created in Creole, for Hatian respondents. The same procedure was used, minus the problem of multiple dialects. The only problem encountered was that Creole has only recently become a written language and there is some controversy over spelling and grammar resulting from competing versions of the alphabet, etc.

V. DEMOGRAPHICS OF RESPONDENTS

The migrant families surveyed range in size from one to fifteen individuals who are living and working together (mode=5). Family size is critical to migrant farmworkers. It often determines when migrant families begin migrating and when they no longer migrate. Given the structure of the payment system (i.e. piece work payment), migrant farm work can be economically beneficial, beyond minimal subsistence, only when at least two or more children can make an economic contribution through their labor. Once the family size goes below that limit, many migrants drop out of the stream and take up seasonal or permanent labor in a home base location. This process virtually guarantees that the child labor laws of many states will be ignored, for migrants. It also exposes migrant children to environmental and occupational

hazards beyond those experienced by non-migrant children in the United States. This condition should be taken into account by individuals designing health education curriculum for migrant children.

A total of 109 families are represented in the data reported below. This data was collected in nine states: California, Illinois, Florida, Minnesota, Maryland, Pennsylvania, Texas, Washington, and Wyoming. The Wyoming data was voluntarily sent from a Wyoming migrant health clinic and is added to broaden the geographical base of the study.

The ethnicity of the respondents includes the most common groups found within the migrant stream, with the exception of the Hatians and the Indochineese. The ethnic breakdown was American Indian (1.9%), Anglo (6.8%), Black (2.9%), Jamaican (1.0%), Mexican American (52.4%), Mexican (16.5%), Puerto Rican (1.9%), and Other Hispanic (16.5%).

The families reported nine states and Mexico as their home base. The states and the percentage of migrant families in the survey that claim each as a home base are: Arizona (1%), California (6.6%), Florida (10.4%), Georgia (1.9), Illinois (1.9%), Maryland (1.9%), Pennsylvania (1.9%), Texas (55.7%), Washington (12.3%), Wyoming (1%), Mexico (4.7%), and no response (.7%).

The families studied had worked between one and four states (mode 1; 86.8% had worked one or two states only). The states, and the number of families who indicated they worked in each state are Arizona (3), California (16), Colorado (6), Delaware (1), Florida (15), Georgia (10), Idaho (8), Illinois (5), Mary-

VI. SURVEY RESULTS

The results of the survey are divided into six sections. The first section provides a ranked listing of the illnesses and illness symptoms that the families surveyed have experienced in the past twelve months. The second provides a ranking of the migrants' perceptions of their health education needs. The third section reports the migrants' responses on the environmental conditions they experience in their living and work sites. These conditions have an important bearing on their health status. The fourth section is a report of the migrants' perception of the types of conditions that have effected their access to health care in the past, during migration. The fifth indicates the migrants' most commonly expressed beliefs on the causes of these illnesses, while the final section, six, reports some of the resources the migrants use to treat the illnesses investigated by this survey.

Section 1: Health Problems Afflicting Migrants in Past 12 Months

a. <u>minor illnesses and illness symptoms</u>

Prior studies indicate that migrants experience a large number of minor ailments. These studies also indicate that migrants identify certain conditions as ailments, in and of themselves, that are considered underlying symptoms of other illnesses by health professionals. The potential lack of awareness that a condition, such as diarrhea or fever, might indicate a more serious underlying problem, could cause delays in seeking professional medical attention.

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land (5), Michigan (4), Minnesota (10), Nebraska (2), North Carolina (2), North Dakota (1), Ohio (1), Oklahoma (1), Oregon (4), Pennsylvania (5), South Carolina (3), South Dakota (1), Tennessee (1), Texas (24), Utah (2), Washington (20), Wisconsin (1), and Wyoming (7). Several families have also worked the states of Chihuahua and Michoacan, as well as other unspecified locations in Mexico (5 of the families surveyed).

There is evidence that differential morbidity rates may exist for individuals working different crops, and for those performing different functions on the same crops. Therefore, data was collected on the crops worked by the families. The families worked between one and five crops (mode 1; 90% worked 3 or less). The crops and the number of families who indicated they worked them included apples (12), artichokes (1), asparagus (4), beans (5), bell peppers (2), beets (3), sugar beets (25), blue berries (1), broccoli (1), brussel sprouts (1), cabbage (1), carrots (1), cherries (10), chile (2), corn (3), cotton (7), cucumbers (15), dates (1), dill (1), flowers (1), grain (4), garlic (1), grapefruit, (2), grapes (3), halibut and salmon fishing (2) lemons (2), lettuce (5), mint (2), melons (3), onions (14), oranges (3), pears (4), peaches (1), plums (2), potatoes (5), raspberries (1), rice (2), sorghum (2), soybeans (1), spinach (2), strawberries (11), tomatoes (18), and wheat (3). Migrants also mentioned working in food processing and canning factories (9), nursery/ landscaping (4), as farm hands (3), driving trucks (1), and in plants that make the cardboard boxes (1) used to ship the produce that other members of the family are harvesting.

Many of the symptoms and illness listed below are of a minor nature, they can produce serious consequences if left unattended. An earache is a minor condition, if treated properly, but can lead to deafness if not. Deafness is in no way a minor problem, and is one of the frequently mentioned major problems in this population. The results of this section should not only be interpreted in terms of the high level of minor problems that migrants experience, because of their working and environmental conditions, but should also be interpreted from the perspective of how these minor problems can be overcome to prevent major problems from occurring as a consequence.

The following data represents a ranking of the minor illness by the percentage of families that report at least one member of the family having had the illness or symptom during the past 12 months.

illness/symptom	% families reporting illness
colds	65.4
headaches	63.0
flu	57.0
toothache	47.2
ear problems	43.5
sore throat	42.1
backache	39.8
eye problems	35.2
coughing	34.0
allergies	31.4
fever	31.3
stomachache	30.8
cuts	29.7
diarrhea	28.6
rashes	27.9
nervousness	25.9
colic	25.5
sinus problems	24.3
insomnia	22.9
swollen joints	20.6
indigestion	20.4
sores	20.2

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constipation	18.9
vomiting	18.1
blurred vision	17.8
menstrual problems	16.8
gum problems	15.7
nausea	15.2
shortness of breath	14.8
chest pains	14.2
lack of appetite	14.2
bladder problems	10.4
unusual weakness	15.4
burns	15.7
congestion	10.3
boils	9.4
large weight loss	6.3
large lymph nodes	0.0

b. major illnesses

The major illnesses listed below represent both acute and chronic conditions that are serious enough to warrant medical attention on either a temporary or a permanent basis. Many of these conditions occur at a much higher frequency amongst migrants than for the United States population as a whole.

illness	% families reporting illness
eye problems	35.2
depression	23.1
anemia	21.7
arthritis	18.9
high blood pressure	16.8
still births	16.2
kidney problems	14.8
obesity	14.3
problems during pregnancy	13.4
asthma	12.5
intestinal parasites	11.3

deafness	11.2
heart problems	11.2
ulcers	9.4
sun stroke	9.4
diabetes	7.5
cancer	4.7
epilepsy	4.7
liver damage	3.8
pesticide poisoning	4.3
lazy eye	3.8
TB	3.8
infertility	3.2
sickle cell anemia	2.9
alcoholism	1.9
polio	0.9
gonorrhea*	0.0
syphilis*	0.0

*It should be noted that syphilis and gonorrhea are reported by migrant clinics to be frequently diagnosed problems for migrants. It is also interesting that there is a very high proportion of the families surveyed who indicated an interest in learning more about these diseases. Therefore, it should be assumed that the social factors and cultural processes of modesty prevented the informants from providing an accurate response to the incidence of these illnesses, for this survey, not that the incidence is actually as low as reported here.

Section 2: Requests for Further Health Education by Migrants

The informants were asked to indicate whether or not they were interested in receiving further information on each of the

symptoms and illnesses listed in the questionnaire. The response was far stronger than anticipated. No less than one third of the families indicated that they wanted more information on each of the illnesses listed. Interest in some illnesses rose above 65 percent of the families surveyed. This result, in and of itself, is an excellent indicator of the need for further health education for this population.

The following list provides a rank ordering of all of the illnesses, according to the percent of families that indicated they would like further information about that particular condition.

Condition	Percent Families Requesting Further Information
ear problems	64.6
high blood pressure	62.5
sinus problems	62.1
colic	61.9
epilepsy	60.7
swollen joints	60.7
allergies	59.7
nervousness	59.3
blurred vision	59.0
diabetes	58.6
asthma	58.3
insomnia	57.8
colds	57.6
depression	57.6
flu	57.6
arthritis	57.4
deafness	57.4
gum problems	57.1
kidney problems	56.9
eye problems	56.1
toothache	56.1
rashes	55.9
chest pains	55.7
bladder problems	55.2
sickle cell anemia	54.7
liver damage	54.4
sores	54.4
vomiting	54.2
large weight loss	54.0

ulcers	53.4
headaches	52.9
sunstroke	52.9
intestinal parasites	52.6
indigestion	52.5
stomachache	52.5
shortness of breath	52.5
large lymph nodes	52.4
sore throat	52.4
pesticide poisoning	52.0
nausea	51.9
alcoholism	51.8
polio	51.8
TB	51.8
boils	51.7
cancer	51.7
anemia	51.6
fever	50.9
unusual weakness	50.9
heart problems	50.8
congestion	50.0
obesity	50.0
lazy eye	50.0
backache	49.2
diarrhea	48.4
constipation	48.3
menstrual problems	48.3
still births	48.2
coughing	47.5
lack of appetite	47.4
gonorrhea	45.8
syphilis	45.8
burns	45.3
cuts	43.4
infertility	42.6
problems during pregnancy	38.8

Section 3: Environmental Conditions Effecting Migrant Health Status

It is a medical historical fact that the major advances in the health status of modern society have come from changes in sanitation and environmental improvements, such as flush toilets, hand washing facilities, potable water, window screens, and food preservation (e.g. refrigerators). Better nutrition and hygiene complete the major reasons for the differences in the incidences of many of the major health problems in developed and developing

nations.

The data in this survey indicates that there is still a considerable gap between the working and living conditions experienced by migrants and those experienced by the majority of other workers in the United States. Far too many migrants commonly encounter virtually all of the negative public health conditions that create many, if not most of the differences in the health status of industrialized nations, compared to developing nations. A major part of the health education needs of migrants are directly parallel to the health education needs found in developing nations. It is ironic that efforts are consistently being undertaken throughout the world, with direct and indirect U.S. financial aid, to solve the same types of problems that exist in the United States; problems which are not being adequately dealt with here for our own migrant citizens.

One question in the survey asked what type of dwelling the migrant family was living in, either at home, for the home base states, or up-stream, for those interview locations. The results were that 73.3 percent were living in a house, 12.8 percent in trailers, 4.6 percent in barracks, 3.7 percent in a room, and 4.6 percent in other types of conditions (e.g. tents, in fields, etc.). A total of 21.0 percent stated that they were sharing a dwelling with another family.

The respondents were asked to indicate if they had certain types of facilities in their dwelling unit. Their responses are presented below.

Condition	percent having	percent not having
cold running water	94.5	4.5
hot running water	80.6	19.4
bathtub or shower	85.3	14.7
flush toilet	88.8	11.2
toilet separate from dwelling	41.5	58.5
outhouse	22.0	78.0
working refrigerator	94.5	5.5
gas or electric burners	96.3	3.7
electricity	96.3	3.7
windowless rooms	21.3	78.7
screens on all doors and windows	67.9	32.1
phone in dwelling	64.1	35.9
television	82.2	17.8
radio	91.7	8.3
transportation for emergencies	68.8	31.2
safe play area for children	81.1	18.9
adult recreational facilities	37.0	63.0

For all practical purposes, many migrants are still subject to Third World health and sanitation conditions, especially when they are migrating. Because of this, they are not only at increased risk for illnesses, they produce an increased health risk for the areas in which they work. But it is a risk that they often have no control over, and given different conditions, would not choose to perpetuate, as can easily be seen from the data.

In addition to the questions about the environmental conditions in their dwelling units, the migrant families were also

asked to respond to questions about sanitary and other conditions that effected their work environment.

Condition	percent having	percent not having
drinking water in field	85.7	14.3
hand washing water in field	61.9	38.1
toilet in field	61.5	38.5
shade available	53.8	46.2
transportation for emergencies	84.9	15.1

The above data shows that the most important health education that can be directed at migrants is that which will give them the knowledge they need to exert the maximum control that they can over their own health status, especially within the context of hygiene, nutrition, etc. This education can go a long way to help correct the existing situation. The other part of the answer is to insure that the living and working conditions provided to migrants by their employers meet the appropriate standards enjoyed by other workers in the United States. No amount of health education will be effective if it cannot be put into use.

Section 4: Barriers to Delivery of Services to Migrants

Migrant farmworkers experience a number of barriers to seeking health care services. Some of these barriers are institutional. Doctor's offices are too far away, they are not open at the time when migrants can come, or it takes too long to get an appointment, and the migrants have to leave before the office visit can be scheduled. Some of the barriers are of a personal nature. The migrants are reluctant to seek services; they don't

want to bother the doctor over something that might be minor, or they are afraid of what the doctor might find, or they have been the recipient of discriminatory practices. And some of the barriers are related to work and income. The migrants cannot always afford medical care, or cannot afford to lose pay. All of the potential barriers found in other studies were used to create questions for this instrument. The respondents provided the information below.

a. institutional barriers

problem	percent experiencing	percent not experiencing
can't afford loss of pay	64.2	35.8
facility not open at a time when migrants can go	60.0	40.0
takes too long to get appointment	56.6	43.4
can't afford health care	54.3	45.7
it is too far to facility	40.4	59.6
no child care available	34.6	65.4
no transportation available	29.8	70.2

b. personal barriers

problem	percent experiencing	percent not experiencing
don't want to bother the doctor	63.2	36.8
don't know of doctor	39.4	60.6
don't believe in doctors	38.7	61.3

person is never sick	35.2	64.8
can't speak English	34.9	65.1
afraid of what will be found	29.5	70.5
take care of own health (don't need doctors)	19.4	80.6
doctors are prejudiced	17.6	82.4
friends or relatives had a bad experience	15.9	84.1

Section 5: Causes of Illnesses as Reported by Migrants

This section provides a view of the migrants' assumptions about the causes of the illnesses they experience. It has been repeatedly shown that people's perceptions of the causes of an illness determines their response to that illness. This is especially true in the early stages of a disease, where symptoms tend to be non-specific. The most common response, especially for people who do not have the economic resources to seek health care services for every illness, is to treat the early symptoms in the home, and delay professional intervention until it is apparent that such intervention is absolutely necessary.

One of the results of this behavior is to occasionally create a medical crisis that takes heroic intervention, because the delay in seeking treatment has caused the illness to advance to a nearly unmanageable stage. Another result (for illnesses that are truely minor) is to avoid over burdening the existing health care system. The first situation raises both the social and the fiscal cost of health care for this group. The second reduces the overall cost of health care considerably, without social or physical harm. If health education can eliminate or

reduce the conditions that precipitate crisis oriented medical care for migrants without eliminating the effective conservatism of the second behavior, then that education should be vigorously persued.

The existing health beliefs of at least some of the migrants create an ideal situation for the persuit of this goal. Appropriately designed health education would allow us to prevent certain illnesses (such as polio) or arrest others in their early stages before heroic medical treatment is necessary (as in the case of dehydration in infants and some infectious diseases in adults).

The data in this report indicates that basic health education for migrant children and adults has the potential to drastically change the health status of this population in ways that are not possible through similar increases in money for clinical care. This does not eliminate the need for adequate provision of clinical services. It only makes it more likely that those services could be made available to everyone who needs them, rather than the fraction of the total need that is currently being met.

The following information should be taken as a preliminary description of the beliefs and views of migrants. This is the area in which the differing data collection procedures in the various states most severely affected the data. The greatest utility of this data is to create a starting point. It can be used to illustrate some of the most common misconceptions migrants have about the causes of some illnesses. However, the data also points out the overall sophistication of this population, in

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terms of its knowledge of the causes of many illnesses.

Several trends in the data presented below require some emphasis. The responses were given as open ended answers to the question, "What do you believe causes X?," where X is each one of the 65 illnesses listed on the survey instrument. The response was recorded verbatim. The most common response, in many cases was "I don't know." This response ranged from a low of 31.7 percent of the informants (for "colds") to a high of 92.5 percent of the informants (for "large lymph nodes"). These responses indicate a serious need for further health education for this population.

The fifteen illnesses that the most migrants felt they knew the causes of were colds, headaches, toothaches, backaches, cuts, sun stroke, flu, burns, fever, sores, coughing, diarrhea, nervousness, obesity, and insomnia. These ailments have in common the fact that they are amongst the most common complaints suffered by migrants, and the fact that they all tend to be minor complaints that can be treated in the home without medical intervention. The data presented here on toothaches is very interesting. The migrants are highly accurate in their ideas about the causes of tooth decay, yet carries remain one of the most common health problems faced by migrants. Therefore, this data indicates that for some illnesses we will have to look to other factors, not just lack of knowledge, to explain the migrants failure to use some types of services.

The fifteen illnesses or symptoms that the migrants claimed the least knowledge about were large lymph nodes, infertility, epilepsy, sickle cell anemia, lazy eye, cancer, polio, bladder

problems, heart problems, TB, problems during pregnancy, liver damage, deafness, large weight loss, and still births. Yet many of these are amongst the most common serious illnesses afflicting migrants. A large portion of the migrants in this survey came from the Lower Rio Grande Valley of Texas, which annually has the highest rate of new cases of Polio in the United States (often half of the cases recorded in any given year), yet there is little knowledge about its cause or prevention. The same is true across the geographical regions, for deafness, still births, and other serious illnesses. Again, this points out the need for further health education efforts for migrants.

The following table lists the causes for each illness or symptom in the questionnaire. The number in parentheses following each cause is the percent of informants who presented that cause to the interviewers.

CAUSES OF ILLNESSES AS REPORTED BY MIGRANTS

COLIC

01 DON'T KNOW (46.4)
02 CORRAJES (1.8)
03 SUSTO/SURPRISES (1.8)
04 VIRUS (1.8)
05 ANGER (1.8)
06 FOOD (12.5)
07 AIR IN BOTTLE (3.6)
08 COLD (5.4)
09 GAS (5.4)
10 WEATHER (1.8)
11 SWEETS (1.8)
12 BABY FORMULA (1.8)
13 VESICULA (1.8)
14 STOMACH INFLAMMATION (1.8)
15 STRESS/WORRIES (1.8)
16 HERNIA (1.8)
17 LIVER MALFUNCTION (1.8)
18 EATING TOO FAST (1.8)
19 HEAT (1.8)
20 OVER EATING (1.8)

SORES

01 DON'T KNOW (41.9)
02 MOSQUITO BITES (19.4)
03 DIABETES (3.2)
04 COLD WEATHER (3.2)
05 DRY WEATHER (4.8)
06 INFECTIONS (6.5)
07 ROPE BURNS (1.6)
08 DIRT/NOT WASHING (9.7)
09 FALL (1.6)
10 LICE (1.6)
11 SCABIES (3.2)
12 DRY SKIN (1.6)
13 HEAT (1.6)

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RASHES

01 DON'T KNOW (56.3)
02 ALLERGIES (14.1)
03 HEAT (9.4)
04 DIAPERS (1.6)
05 POISON OAK (1.6)
06 LICE (1.6)
07 PESTICIDES IN FIELDS (1.6)
08 HERIDITARY (1.6)
09 DIRT/NOT WASHING (3.1)
10 PUBLIC POOLS (1.6)
11 MOSQUITO BITES (1.6)
12 DRYNESS OF SKIN (1.6)
13 URINE (1.6)
14 SOAP ALLERGY (1.6)
15 PLAY WITH ANIMALS (1.6)

HEADACHES

01 DON'T KNOW (34.8)
02 SUN/HEAT (9.9)
03 BEING TIRED (5.6)
04 STRESS (18.3)
05 HYPERTENSION (2.8)
06 BIRTH CONTROL PILLS (2.8)
07 ILLNESS (4.2)
08 NERVES (7.0)

DIARRHEA

01 DON'T KNOW (42.1)
02 TOO MUCH WATER (3.5)
03 STOMACH INFECTIONS (7.0)
04 BAD FOOD (19.3)
05 EMPACHO (1.8)
06 TOO MUCH FOOD (8.8)
07 GREEN FRUIT (1.8)
08 FLU (3.5)
09 BAD WEATHER (1.8)
10 MILK (3.5)
11 BAD WATER (1.8)
12 DRINKING WATER CHANGE (1.8)
13 BAD FRUIT (1.8)
14 AMEOBAS (1.8)

FLU

01 DON'T KNOW (39.4)
02 GET WET (10.6)
03 VIRUS (10.6)
04 WEATHER (28.8)
05 RUN DOWN (3.0)
06 COLD (3.0)
07 QUICK WEATHER CHANGE (4.5)

CONSTIPATION

01 DON'T KNOW (56.6)
02 NOT ENOUGH LIQUID (3.8)
03 A PERSISTENT COLD (3.8)
04 EATING TOO MUCH (7.6)
05 POOR DIET (9.4)
06 DRY FOODS (1.9)
07 PREGNANCY (3.8)
08 SITTING A LOT (1.9)
09 NATURAL (1.9)
10 STARCHY FOOD (3.8)
11 INFECTION (1.9)
12 NOT GOING WHEN YOU SHOULD (1.9)
13 CORN TORTILLAS (1.9)

09 TEMPERATURE CHANGES (1.4)
10 NOISE (1.4)
11 PESTICIDES (2.8)
12 SINUS PROBLEMS (1.4)
13 DEVELOPS LIQUID IN EAR (1.4
14 HIGH BLOOD PRESSURE (2.8)
15 NEEDS GLASSES (1.4)
16 BLOOD CIRCULATION (1.4)
17 OVER WEIGHT (1.4)

COLDS

01 DON'T KNOW (31.7)
02 GET WET (9.5)
03 COLD/RESFRIO (6.3)
04 TONSILS (1.6)
05 GOING BARE FOOTED (1.6)
06 WEATHER (33.3)
07 FLU (1.6)
08 POOR DIET (6.3)
09 VIRUS (1.6)
10 QUICK CLIMATE CHANGES (3.2)
11 COLD LIQUID EARLY IN MORNING (1.6)
12 CHEMICALS IN PACKING SHEDS (1.6)

ASTHMA

01 DON'T KNOW (66.0)
02 COLD (IN CHEST) (8.0)
03 ALLERGY (8.0)
04 HEREDITARY (4.0)
05 BRONCHITIS (6.0)
06 CIGARETTES (2.0)
07 COLD WEATHER (2.0)
08 STRAIN (2.0)
09 DRINK COLD THINGS (2.0)

ALLERGIES

01 DON'T KNOW (47.5)
02 MEDICINE (6.6)
03 DUST (3.3)
04 MANY THINGS (8.2)
05 WEATHER/TEMP. (1.6)
06 MOSQUITO BITES (3.3)
07 HOT WEATHER (1.6)
08 FOOD (4.9)
09 SOAP (3.3)
10 HAY FEVER (4.9)
11 MILK (1.6)
12 POISON OAK (1.6)
13 BEE STING (1.6)
14 PESTICIDES (1.6)
15 PENICILLIN (3.3)
16 CHEMICALS FOR GRAPES (3.3)
17 ENVIRONMENT (1.6)

INSOMNIA

01 DON'T KNOW (44.4)
02 EMOTIONAL PROBLEMS (9.3)
03 PREGNANT (1.9)
04 BEING RESTLESS (1.9)
05 TIME CHANGE (ST TO ST)(1.9)
06 TIREDNESS (1.9)
07 LACK OF WORK (1.9)
08 STRESS (9.3)
09 OVERWORKED (3.7)
10 IT IS NATURAL (1.9)
11 CAFFEINE (3.7)
12 NERVES (14.8)
13 MISSING SOMEONE (3.7)

STOMACHACHE

01 DON'T KNOW (44.8)
02 BAD FOOD (12.1)
03 EAT TOO MUCH (12.1)
04 EAT TOO LITTLE (3.1)
05 NERVES (8.6)
06 TOO MUCH CANDY (1.7)
07 STRESS (3.4)
08 WATER (1.7)
09 ULCERS (3.4)
10 COLD WEATHER (1.7)
11 RUNNING (1.7)
12 EXCESSIVE GAS (3.4)
13 DRINK COLD DRINKS (1.7)

BACKACHE

01 DON'T KNOW (36.9)
02 WORK (43.1)
03 AIRE IN LA CENTURA (1.5)
04 TIRED (4.6)
05 STRESS (1.5)
06 BAD POSTURE (1.5)
07 BAD MATTRESS (3.1)
08 PULLED MUSCLE (3.1)
09 STRAIN (1.5)
10 FALL (1.5)
11 BLADDER INFECTION (1.5)

VOMITING

01 DON'T KNOW (45.6)
02 BAD FOOD (10.5)
03 INFECTIONS/ILLNESSES (7.0)
04 OVEREATING (7.0)
05 FEVER-FLU (5.3)
06 BAD DIET (1.8)
07 PREGNANCY (7.0)
08 NERVES (3.5)
09 DIDN'T LIKE FOOD (1.8)
10 HEADACHE (1.8)
11 BADLY DIGESTED FOOD (1.8)
12 MENSTRUAL CYCLE (1.8)
13 HEAT (1.8)
14 COFFEE (1.8)
15 WARM TO COLD MOVEMENT (1.8)

INDIGESTION

01 DON'T KNOW (51.0)
02 BAD FOOD (11.8)
03 STOMACH INFECTIONS (3.9)
04 EATING TOO FAST (9.8)
05 EATING TOO MUCH (7.8)
06 SPICY FOOD (3.9)
07 VESICULA (3.9)
08 GREASY FOOD (2.0)
09 FLOUR (2.0)
10 ULCER (2.0)
11 HEAT (2.0)

COUGHING

01 DON'T KNOW (42.1)
02 FROZEN FOOD EATEN COLD (5.3)
03 COLD (12.3)
04 COLD WEATHER (22.8)
05 SMOKING (3.5)
06 FLU (7.0)
07 COLD WATER (5.3)
08 DRINK COLD DRINK (1.8)
IN WARM WEATHER

GUM PROBLEMS

01 DON'T KNOW (64.3)
02 NO BRUSHING (10.7)
03 TOOTH DECAY (3.6)
04 PYRRHEA (8.9)
05 SWEETS (1.8)
06 EPILEPTIC (1.8)
07 INFECTION (3.6)
08 CONSTIPATION (3.6)
09 BACTERIA (1.8)

HIGH BLOOD PRESSURE

01 DON'T KNOW (58.9)
02 OVER WEIGHT (1.8)
03 OVER EATING (5.4)
04 HYPERTENSION (1.8)
05 NERVES (1.8)
06 SUGAR (1.8)
07 STRESS/PRESSURE (10.7)
08 TOO MUCH SALT (8.9)
09 PORK MEATS (1.8)
10 DEPRESSION (1.8)
11 TOO MUCH BLOOD IN BODY (1.8)
12 HEAT (3.6)

TOOTHACHE

01 DON'T KNOW (34.9)
02 FROZEN FOOD (3.2)
03 INFECTED TOOTH/CAVITY (39.7)
04 CANDY/SWEETS (11.1)
05 POOR NUTRITION (3.2)
06 GUM DISEASE (1.6)
07 DIABETES (1.6)
08 LOSS OF FILLING (1.6)
09 LACK OF CALCIUM (3.2)

CHEST PAINS

01 DON'T KNOW (71.7)
02 CHANGE OF TEMPERATURE (1.9)
03 COLDS (5.7)
04 AIR (3.8)
05 HEART TROUBLE (5.7)
06 HEART BURN (3.8)
07 STRESS/PRESSURE (1.9)
08 VIRUS (1.9)
09 CONGESTION (1.9)
10 COLD WEATHER (1.9)

SINUS TROUBLE

01 DON'T KNOW (48.2)
02 COLD (14.3)
03 ALLERGIES (21.4)
04 DUST (1.8)
05 CLIMATE CHANGES (1.8)
06 FEVER (1.8)
07 HAY FEVER (1.8)
08 NOSE DROPS (3.6)
09 COLD WEATHER (3.6)
10 CONGESTION (1.8

NERVOUSNESS

01 DON'T KNOW (43.9)
02 WORRIES/PSYC. PROBLEMS (28.1)
03 NOISE (1.8)
04 TIRED (1.8)
05 DEPRESSION (5.3)
06 STRESS (12.3)
07 TOO MUCH WORK (1.8)
08 ILLNESS (1.8)

ARTHRITIS

01 DON'T KNOW (68.4)
02 WORK 3.5)
03 WET CLOTHES (3.5)
04 HEREDITARY (1.8)
05 COLD WEATHER (8.8)
06 OLD BONES/DECAY/AGE (10.5)
07 AIR CONDITIONING (1.8)
08 LACK OF IRON (1.8)

SWOLLEN JOINTS

01 DON'T KNOW (74.5)
02 WORK (10.9)
03 ARTHRITIS (3.6)
04 LACK OF FLUIDS (1.8)
05 HEAT (1.8)
06 HIT OR FALL (1.8)
07 AIR CONDITIONING (1.8)
08 HUMIDITY (1.8)
09 LACK OF IRON (1.8)

DEPRESSION

01 DON'T KNOW (51.9)
02 PERSONAL PROBLEMS (25.9)
03 CHANGE OF LIFE (1.9)
04 WORK (3.7)
05 NO FRIENDS-LONELY (3.7)
06 IGNORING PROBLEMS (1.9)
07 ILLNESS (1.9)
08 ALCOHOL ABUSE (1.9)
09 DEATH (3.7)
10 SCHOOL PROBLEMS (1.9)
11 BEING SPOILED (1.9)

KIDNEY PROBLEMS

01 DON'T KNOW (66.7)
02 WATER (3.7)
03 BAD DIGESTIVE SYSTEM (1.9)
04 INFECTION (5.6)
05 BAD KIDNEYS (5.6)
06 ANGER (1.9)
07 DON'T DRINK ENOUGH LIQUIDS (5.6)
08 KIDNEY STONES (3.7)
09 PREGNANCY (1.9)
10 ONE KIDNEY (1.9)
11 WORK (1.9)

SHORTNESS OF BREATH

01 DON'T KNOW (65.5)
02 HEAT (1.8)
03 COUGH (1.8)
04 HEART MURMURS (3.6)
05 TIRED (7.3)
06 SMOKING (1.8)
07 HIGH BLOOD PRESSURE (1.8)
08 WEAK LUNGS (1.8)
09 OVERWORKED (7.3)
10 RUNNING (1.8)
11 HEART PROBLEMS (1.8)
12 BRONCHITIS (1.8)

MENSTRUAL PROBLEMS

01 DON'T KNOW (69.4)
02 WORK (4.1)
03 INFECTION (2.0)
04 NATURAL (8.2)
05 AGE (2.0)
06 NERVES (4.1)
07 TOO MUCH ACID FOOD (2.0)
08 ANEMIA (4.1)
09 FRIALDAD (2.0)
10 COLD DRINKS DURING PERIOD (2.0)

BLADDER TROUBLE

01 DON'T KNOW (82.0)
02 ANGER (2.0)
03 CERTAIN FOODS (2.0)
04 INFECTION (2.0)
05 NOT ENOUGH LIQUIDS (4.0)
06 SMALL BLADDER (4.0)
07 ANGER VERY EASILY (4.0)

ANEMIA

01 DON'T KNOW (58.5)
02 POOR NUTRITION/EATING (15.1)
03 LACK OF VITAMINS (11.3)
04 WEAKNESS (5.7)
05 PREGNANCY (5.7)
06 OVERWORKED (1.9)
07 POOR BLOOD (1.9)

LACK OF APPETITE

01 DON'T KNOW (73.5)
02 TOO MUCH WATER (2.0)
03 PERSONAL PROBLEMS (6.1)
04 SOMETHING STUCK IN GUT (2.0)
05 POOR DIET (2.0)
06 NERVES (6.1)
07 BABY (2.0)
08 TOO MUCH CANDY (2.0)
09 GUMS HURT 4.1)
10 SMOKE AND DRINK TOO MUCH (2.0)

UNUSUAL WEAKNESS

01 DON'T KNOW (64.2)
02 SOMETHING DEPRESSING (1.9)
03 LACK OF NOURISHMENT (7.5)
04 WEAK BLOOD (1/9)
05 OVERWORKED (7.5)
06 ANEMIA (3.8)
07 AGE (1.9)
08 DON'T EAT AT RIGHT TIME (3.8)
09 LACK OF VITAMINS (1.9)
10 OPERATION (1.9)
11 NOT ENOUGH REST (1.9)
12 PROBLEMS (1.9)

SORE THROAT

01 DON'T KNOW (44.8)
02 COLDS (12.1)
03 TONSILS (12.1)
04 WET WEATHER (13.8)
05 FLU (3.4)
06 INFECTION (1.7)
07 COLD LIQUIDS (3.4)
08 WATER (1.7)
09 CHANGE OF TEMPERATURE (3.4)
10 COLD FLOOR (1.7)
11 HOT WEATHER (1.7)

ULCERS

01 DON'T KNOW (67.3)
02 POOR EATING HABITS (3.8)
03 NERVES/STRESS (21.2)
04 SPICY FOODS (3.8)
05 WEAK STOMACH (1.9)
06 NOT EATING (1.9)

CUTS

01 DON'T KNOW (37.7)
02 ACCIDENTS (20.8)
03 CARELESSNESS (15.1)
04 SHARP OBJECTS (13.2)
05 FALLS (13.2)

FEVER

01 DON'T KNOW (41.8)
02 COLD (21.8)
03 INFECTION (21.8)
04 WEATHER (5.5)
05 FLU (9.1)

BURNS

01 DON'T KNOW (40.0)
02 HEAT/BURNS (32.0)
03 ACCIDENTS (18.0)
04 SUN (6.0)
05 HEATER (2.0)
06 CARELESSNESS (2.0)

CONGESTION

01 DON'T KNOW (64.0)
02 EAT TOO MUCH (2.0)
03 ROTTEN FOODS (2.0)
04 COLDS (16.0)
05 INDIGESTION (2.0)
06 FLU (2.0)
07 WEATHER (2.0)
08 SINUS (4.0)
09 DUST (2.0)
10 SPICY, HOT, OR GREASY FOODS (2.0)
11 INFECTION (2.0)

OBESITY

01 DON'T KNOW (43.9)
02 EAT TOO MUCH (40.4)
03 GLAND PROBLEMS (1.8)
04 FATTY FOODS (7.0)
05 NERVES (1.8)
06 AGE (1.8)
07 HERIDITY (1.8)
08 NO EXERCISE (1.8)

SUN STROKE

01 DON'T KNOW (39.2)
02 TOO MUCH SUN (45.1)
03 HEAT 11.8)
04 WORK AND SUN (2.0)
05 WASN'T SWEATING (2.0)

DIABETES

01 DON'T KNOW (64.7)
02 TOO MUCH SUGAR (23.5)
03 HEREDITARY (7.8)
04 DIET (2.0)
05 PANCREAS NOT FUNCTIONING (2.0)

INTESTINAL PARASITES

01 DON'T KNOW (66.0)
02 BAD WATER (6.0)
03 SWEET CRAVINGS (6.0)
04 POOR DIET (2.0)
05 GERMS (4.0)
06 RAW MEAT-NOT COOKED (2.0)
07 SPOILED FOOD (2.0)
08 SPICY FOOD (2.0)
09 POOR LIVING CONDITIONS (2.0
10 TOO MUCH MILK (2.0)
11 CONTACT INFECTED PERSON (2.0
12 EATING RAW DOUGH (4.0)

EAR PROBLEMS

01 DON'T KNOW (49.2)
02 NOT ENOUGH BATHING (1.6)
03 COLDS (3.3)
04 WIND/COLD AIR (4.9)
05 TRAVELING (1.6)
06 INFECTIONS (8.2)
07 TOO MUCH NOISE (1.6)
08 FEVER-FLU (4.9)
09 FLUID (1.6)
10 WATER IN EAR (9.8)
11 RUPTURED EAR DRUM (3.3)
12 OTITIS MEDIA (3.3)
13 ACCUMULATED EAR WAX (1.6)
14 FUNGUS (1.6)
15 BAD COUGH (1.6)
16 TRAPPED AIR (1.6)

BOILS

01 DON'T KNOW (68.0)
02 SICK BLOOD (2.0)
03 WET CLOTHES ON BODY (2.0)
04 INFECTION (2.0)
05 BITES (2.0)
06 VIRUS (2.0)
07 TOO MUCH SUGAR (2.0)
08 SUN (2.0)
09 TIGHT SHOES (2.0)
10 LACK OF VITAMINS (2.0)
11 DIRT (2.0)
12 CHEMICALS (2.0)
13 THROAT TUMORS (2.0)

BLURRED VISION

01 DON'T KNOW (67.9)
02 CATARACTS (3.6)
03 LOW BLOOD PRESSURE (1.8)
04 WEAKNESS (1/8)
05 LOSING SIGHT (3.6)
06 HEADACHES (1.8)
07 BRIGHT LIGHTS-SUN (3.6)
08 POOR DIET (1.8)
09 ASTIGMATISM (1.8)
10 DIABETIC (3.6)
11 TIRED (1.8)
12 POOR EYESIGHT (7.2)

EYE PROBLEMS

01 DON'T KNOW (58.3)
02 SOMETHING IN EYE (10.0)
03 STYES (1.7)
04 SUN (3.3)
05 WATCH TV TOO CLOSE (3.3)
06 ASTIGMATISM (5.0)
07 MYOPIA (3.3)
08 BIRTH DEFECT (1.7)
09 INFECTION (1.7)
10 BODY HEAT (1.7)
11 DIABETES (1.7)
12 AGE (1.7)
13 CROSSED EYES (1.7)
14 NEAR SIGHTED (1.7)
15 ACCIDENT (1.7)
16 POOR EYESIGHT (1.7)

NAUSEA

01 DON'T KNOW (58.0)
02 BAD FOOD (6.0)
03 PREGNANCY (16.0)
04 FLU (2.0)
05 BLOOD PRESSURE (2.0)
06 MENSTRUAL PERIOD (2.0)
07 CAR SICKNESS (2.0)
08 EAT TOO MUCH (2.0)
09 NERVES (4.0)
10 UPSET STOMACH (2.0)
11 PARASITES (2.0)
12 HEADACHE (2.0)
13 BAD INDIGESTION (2.0)

CANCER

01 DON'T KNOW (83.7)
02 DIABETES (2.0)
03 TUMOR (2.0)
04 CIGARETTES (8.2)
05 HEREDITARY (4.1)

LIVER DAMAGE

01 DON'T KNOW (76.9)
02 DRINKING ALCOHOL (17.3)
03 ENLARGED LIVER (1.9)
04 FALL (1.9)
05 HEPATITIS (1.9)

DEAFNESS

01 DON'T KNOW (76.0)
02 LACK OF CLEANLINESS (1.9)
03 HEREDITARY (1.9)
04 NOISE (3.7)
05 AGE 1.9)
06 OTITIS MEDIA (1.9)
07 RUPTURED EAR DRUM (1.9)
08 MALNUTRITION (1.9)

EPILEPSY

01 DON'T KNOW (88.2)
02 INHERIT IT (2.0)
03 BLOW TO HEAD (8.0)
04 HIGH FEVER (2.0)
05 LACK OF VITAMINS (2.0)

STILL BIRTHS

01 DON'T KNOW (74.5)
02 BLOW TO FETUS (3.9)
03 NO DOCTOR ATTENDING BIRTH (2.0)
04 FALL (3.9)
05 GETTING UPSET (ANGER,FEAR) (2.0)
06 SICK BABY (2.0)
07 LIFTED HEAVY OBJECT (3.9)
08 CORD AROUND BABY'S NECK (2.0)
09 DIDN'T TAKE CARE OF SELF (2.0)
10 WEAK UTERUS (2.0)

HEART PROBLEMS

01 DON'T KNOW (80.4)
02 HEAVY WORK (3.9)
03 OVERWEIGHT (3.9)
04 DEPRESSION (3.9)
05 STRESS (2.0)
06 HEREDITARY (2.0)
07 FALL (2.0)
08 MURMUR (2.0)

POLIO

01 DON'T KNOW (82.0)
02 NO VACCINES (8.0)
03 DIRTY WATER (2.0)
04 HEREDITARY (8.0)

TB

01 DON'T KNOW (78.5)
02 NO VACCINES (3.9)
03 INFECTION (3.9)
04 RUN DOWN (2.0)
05 SMOKING (2.0)
06 DIRT (2.0)
07 BAD WATER (2.0)
08 EXPOSED TO IT (2.0)
09 WEIGHT PROBLEM (2.0)
10 HEREDITARY (2.0)

SICKLE CELL ANEMIA

01 DON'T KNOW (84.8)
02 INHERIT IT (2.2)
03 WEAK BLOOD (4.3)
04 PREGNANCY (2.2)
05 DON'T EAT (6.5)

LAZY EYE

01 DON'T KNOW (88.3)
02 INHERIT IT (5.9)
03 COLD AIR (2.0)
04 BORN WITH IT (3.9)

INFERTILITY

01 DON'T KNOW (93.6)
02 WEAKNESS IN BODY (2.1)
03 TIED TUBES (4.3)

LARGE LYMPH NODES

01 DON'T KNOW (92.5)
02 COLDS (2.5)
03 EAT TOO MUCH (2.5)
04 CANCER (2.5)

LARGE WEIGHT LOSS

01 DON'T KNOW (75.0)
02 NOT EATING ENOUGH (4.2)
03 STRESS-PROBLEMS (6.3)
04 BODY MALFUNCTION (2.1)
05 ILLNESS (8.3)
06 EAT A LOT (2.1)
07 BIRTH CONTROL (2.1)

GONORRHEA

01 DON'T KNOW (67.4)
02 INHERIT IT (2.2)
03 RATHER NOT SAY (2.2)
04 BEING DIRTY (2.2)
05 INFECTION (2.2)
06 SEXUAL RELATIONS (21.7)
07 VIRUS (2.2)

ALCOHOLISM

01 DON'T KNOW (61.5)
02 IT IS A VICE (5.8)
03 DRINK TOO MUCH (26.9)
04 PERSONAL PROBLEMS (3.8)
05 DEPRESSED-NO WORK (1.9)

PROBLEMS DURING PREGNANCY

01 DON'T KNOW (77.1)
02 POOR DIET 4.2)
03 SMOKING (2.1)
04 BABY (4.2)
05 ANEMIA (4.2)
06 PREGNANCY ITSELF (2.1)
07 MISCARRIAGE (4.2)
08 DON'T TAKE CARE OF SELF (2.1)

PESTICIDE POISONING

01 DON'T KNOW (67.4)
02 PESTICIDES (19.6)
03 FOOD EATEN (4.3)
04 EATING POISON (2.2)
05 INHALE POISON (2.2)
06 WORK IN SPRAYED FIELDS (4.3)

SYPHILIS

01 DON'T KNOW (69.6)
02 SEXUAL RELATION (23.9)
03 RATHER NOT SAY (2.2)
04 INFECTION (2.2)
05 VIRUS (2.2)

The above explanations of illnesses were searched for trends. All human groups have a set of beliefs about illnesses that define their world view of health and illness. The trends in the above data indicate that U.S. migrants share the basic beliefs about disease causation found in the United States as a whole. The germ theory of disease is well represented in the

data, as are stress, nutrition, genetics, and psychological conditions.

Infection was listed as the cause of 18 different ailments, making it the most common explanation of disease causation. Diseases thought to be caused by infections included bladder problems, boils, constipation, diarrhea, ear problems, eye problems, fever, gonorrhea, gum problems, indigestion (from stomach infection), menstrual problems, sores, sore throat, syphilis, TB, and vomiting. More specifically, migrants used the term "virus" to explain the cause of four illnesses: boils, colic, colds, and flu.

Diseases that the migrants identified as hereditary included asthma, arthritis, cancer, deafness, diabetes, epilepsy, gonorrhea, heart problems, lazy eye, obesity, polio, rashes, sickle cell anemia, and TB.

Migrants used "nerves" as an explanation for the cause of eleven illnesses: headaches, heart problems, high blood pressure, insomnia, lack of appetite, menstrual problems, nausea, obesity, stomach ache, ulcers, and vomiting. They used the overlapping, but different term "stress" to explain the cause of nine illnesses: backache, chest pains, headaches, high blood pressure, insomnia, large weight loss, nervousness, stomachache, and ulcers.

Poor diet was used to explain anemia, blurred vision, colds, constipation, intestinal parasites, lack of appetite, problems during pregnancy, sinus problems, toothache, and vomiting.

Migrants also recognize that many of their health problems are work related; hazards of their occupation. Migrant views of work induced illnesses include anemia, depression, insomnia, kidney problems, menstrual problems, nervousness, shortness of breath, and unusual weakness. Being tired or run down was used to account for backaches, blurred vision, flu, headaches, insomnia, shortness of breath, and TB.

Any conclusions drawn from this data that indicate that migrants are ignorant about the causes of illnesses, are unwarranted. They do have important deficiencies in the knowledge base they use to treat some illnesses and disease systems, while at the same time they show considerable sophistication in their knowledge about other problems. The results of this section could be easily duplicated for every population in the United States, with only minor in the results.

Again, it should be emphasized that the best use of this data is as a starting point. It can show where health education curricula can be built on fundamentally sound ideas and beliefs about health, and it can show where further information would be of great positive benefit.

Section 6: Treatments Listed for All Illnesses

This section provides a listing of the responses given in the survey when the migrants were asked to indicate treatments they used to deal with each of the illnesses on the questionnaire. When this data is added to that of section 4 on the barriers to treatment, an interesting trend emerges. Some of the earlier social science literature indicated that migrants, and

especially migrants of Mexican descent, tended to avoid modern medical care because of their beliefs in folk medicine, language barriers, and distrust of the scientific medical establishment. The data in this survey show that, if this condition once existed, it is no longer true. What is true is that migrants will use all of the resources available to them. This includes physicians and hospitals; it also includes (to a far lesser extent) traditional healers. And it includes an extensive use of over-the-counter (OTC) medications; as well as a continued use of herbal remedies for some groups.

Both OTC and herbal remedies are part of enduring folk traditions for the home treatment of illnesses. They exist for all ethnic groups in the United States. They are most commonly employed for minor illnesses that do not necessitate medical intervention. They are also often employed in the early stages of serious illnesses, prior to the time that the severity of the illness can be adequately determined.

There is a growing awareness on the part of the medical establishment that both OTC and herbal medications contain biochemically active ingredients. At least some of the health education effort should be directed at dealing with the safe use these medications. The data presented below provides a beginning, but not a complete listing of the remedies and treatments that are used in migrant households for the illnesses listed in the questionnaire. The number listed behind each treatment is the percentage of informants who indicated each particular response to the open ended question, "how would you treat X?," when X is each of the illnesses listed in the questionnaire (see appendix).

TREATMENTS OF ILLNESSES REPORTED BY MIGRANTS

COLIC

01 DON'T KNOW (34.8)
02 DOCTOR (12.1)
03 ESTAFIATE (3.0)
04 BAKING SODA (1.5)
05 7UP-SODA POP (3.0)
06 OLIVE OIL (1.5)
07 NOTHING (1.5)
08 STOMACH MEDICINE (3.0)
09 TE DE YERBA BUENA (4.5)
10 HERBS (UNSPEC.) (4.5)
11 WARM MILK (1.5)
12 MANZANILLA (13.6)
13 TE DE CANELA (1.5)
14 TE DE LIMON (1.5)
15 VINEGAR (1.5)
16 ALKASELTZER (3.0)
17 MEDICINE (UNSPECIFIED) (1.5)
18 RUDA AND ESTAFIATE (1.5)
19 PAPAYA PILLS (1.5)
20 PEPTOBISMOL (1.5)
21 MEXICAN OIL AND WATER (1.5)

SORES

01 DON'T KNOW (35.3)
02 DOCTOR (7.4)
03 ALOE VERA/SAVILA (1.5)
04 NEOSPORIN (4.4)
05 WASH (2.9)
06 VASOLINE (2.9)
07 CLINIC 1.5)
08 SALVE (1.5)
09 PEROXIDE (1.5)
10 MEDICINE (10.3)
11 CREAM LOTION (1.5)
12 TOOTHPASTE (1.5)
13 OTC SHAMPOO (1.5)
14 ANTIBIOTICS (1.5)
15 OINTMENTS (10.5)
16 MEDICATED CREAM (1.5)
17 SULFATIAZOL (2.9)
18 VICKS (1.5)
19 KWELL LOTION (1.5)
20 NONE (1.5)
21 TEREMYCIN (2.9)
22 MEXALCOHOL (1.5)
23 COMPRESSES WITH ELEPHANT EARS (1.5)
24 MENTHOLATUM (1.5)

RASHES

01 DON'T KNOW (34.7)
02 DOCTOR (6.9)
03 SPECIAL LOTION (4.2)
04 NOTHING (2.8)
05 RUBBING ALCOHOL (5.6)
06 SALVE (1.4)
07 POWDER (2.8)
08 ALOE VERA/SAVILA (2.8)
09 MEDICINE (1.4)
10 CALADRYL (4.2)
11 VASOLINE (5.6)
12 OINTMENT (4.2)
13 CREAM LOTION (4.2)
14 TALCUM (1.4)
15 CORTAID (1.4)
16 PEROXIDE (2.8)
17 LA CAMPANA (1.4)
18 PENICILLIN (1.4)
19 CHLORTRYMETON (1.4)
20 STOP WORKING (1.4)
21 CIG.ASHES & IODINE (2.8)
22 TEREMYCIN (1.4)
23 WHITE IODINE (1.4)
24 MENTHOLATUM (2.8)

HEADACHES

01 DON'T KNOW (14.6)
02 DOCTOR (3.7)
03 PILL (3.7)
04 ASPIRIN (51.2)
05 TYLENOL (20.7)
06 BLOOD PRESSURE TREATMENT (2.4)
07 RAMOS DE TILA (1.2)
08 REST/LAY DOWN (1.2)
09 LEMON (1.2)

DIABETES

01 DON'T KNOW (53.3)
02 DOCTOR (25.0)
03 EAT NO SUGAR (5.0)
04 PILLS (UNSPEC.) (1.7)
05 DIET (3.3)
06 LEAVES OF EUCALIPTO (1.7)
07 MEDICATION (UNSPEC.) (8.3)
08 MYSALINE (1.7)

CONSTIPATION

01 DON'T KNOW (35.8)
02 DOCTOR (1.5)
03 VAPORIZED STEAM (1.5)
04 LAXATIVE/EXLAX (29.9)
05 ROLAIDS (1.5)
06 DON'T EAT/DRINK COLD FOOD (1.5)
07 JUICE (PRUNE,ORANGE) (10.5)
08 PEPTOBISMOL (4.5)
09 MEDICINE (UNSPEC.) (3.0)
10 NOTHING (1.5)
11 SOAP AND WATER ENEMA (1.5)
12 SWEET PEAS AND PAPAYA (1.5)
13 PSEUDOEPHEDRINE (1.5)
14 METAMUCIL (1.5)
15 FEENAMENT (1.5)

DIARRHEA

01 DON'T KNOW (27.1)
02 DOCTOR (5.7)
03 PEPTOBISMOL (32.9)
04 STOMACH MEDICINE (11.4)
05 MANZANILLA (1.4)
06 MALOX (1.4)
07 KEOPECTATE (5.7)
08 TE DE YERBA BUENA/MINT (2.9)
09 DON'T EAT (1.4)
10 BABY PERSEY
11 MEDICINE (UNSPECIFIED) (1.4)
12 CHEESE/PEACHES/BANANAS (2.9)
13 CASTOR OIL (1.4)
14 PAUAPECTALIN (1.4)
15 NOTHING (1.4)

COLDS

01 DON'T KNOW (13.8)
02 DOCTOR (12.5)
03 PILL (1.3)
04 ASPIRIN (30.0)
05 VICKS (6.3)
06 SINEX (2.5)
07 TYLENOL (5.0)
08 HOT TEA (2.5)
09 HOT BATH (1.3)
10 SOUP (1.3)
11 ICE PACK (1.3)
12 HERBS (UNSPEC.) (1.3)
13 COLD MEDICINE (7.5)
14 CONTACT (2.5)
15 COUGH MEDICINE (1.3)
16 VITAMIN C (3.8)
17 HOME REMEDY (1.3)
18 PENICILLIN (1.3)
19 JUICE (1.3)
20 TETRACYCLIN (1.3)
21 DESINFRIAL (1.3)

FLU

01 DON'T KNOW (16.9)
02 DOCTOR (27.7)
03 MEDICINE (3.6)
04 ASPIRIN (14.5)
05 COLD MEDICINE (8.4)
06 VITAMIN C (2.4)
07 MENTHOLATUM (1.2)
08 TYLENOL (10.8)
09 DRINK LIQUIDS (3.6)
10 HERBS (UNSPEC) (1.2)
11 NOTHING (2.4)
12 TE DE CANELA (1.2)
13 REST (1.2)
14 PENICILLIN (1.2)
15 DE DE MANZANILLA (1.2)
16 COUGH MEDICINE (1.2)
17 ALCOHOL RUB (1.2)

ASTHMA

01 DON'T KNOW (61.7)
02 DOCTOR (21.7)
03 PRIMATINE MIST (1.7)
04 VAPORIZER (1.7)
05 MEDICINE (3.3)
06 SHOTS (1.7)
07 HERBS (UNSPEC.) (1.7)
08 BOILED ARMADILLO SKIN (1.7)
09 NASAL SPRAY (1.7)
10 CHIHUAHUA DOG AT HOME (1.7)
11 ACTIFED (1.7)
12 NOTHING (1.7)

TOOTHACHE

01 DON'T KNOW (18.2)
02 DOCTOR (55.8)
03 PAIN KILLER (3.9)
04 ASPIRIN (26.0)
05 SALT WATER (2.6)
06 LISTERINE (1.3)
07 ORAJELL (1.3)
08 TOOTHACHE DROPS (5.2)
09 ONION (1.3)
10 NOTHING (1.3)
11 PILLS (UNSPECIFIED) (1.3)

ALLERGIES

01 DON'T KNOW (46.4)
02 DOCTOR (15.9)
03 NASAL SPRAY (4.3)
04 ALLERGY PILLS (5.8)
05 MEDICINE (UNSPEC.) (5.8)
06 HERBS (UNSPEC.) (1.4)
07 NOTHING (4.3)
08 DON'T EAT WHAT ALLERGIC TO (2.9)
09 CALADRYL (1.4)
10 SALT WATER NOSE DROPS (1.4)
11 PENICILLIN (1.4)
12 ANTIHISTAMINE (1.4)
13 MEDICATION (UNSPEC.) (1.4)
14 BENEDRYL (1.4)
15 ALLERGY SYRUP (1.4)
16 DECONGESTANT (1.4)

INSOMNIA

01 DON'T KNOW (39.3)
02 DOCTOR (8.2)
03 WARM MILK (6.6)
04 TE DE MEDIA NOCHE (1.6)
05 NYTOL-PILLS (13.1)
06 REST (1.6)
07 TEA (UNSPEC.) (4.9)
08 DON'T DRINK (3.3)
09 PRESCRIPTION MEDICINE (3.3)
10 NOTHING (3.3)
11 WARM BATH (1.6)
13 GO TO BED LATER (1.6)
13 FLOR DE TILA (4.9)
14 ASPIRIN (1.6)
15 WINE (1.6)
16 EAT CELERY AND LETTUCE (1.6)
17 SLEEP WITH OTHER PEOPLE (1.6)

STOMACHACHE

01 DON'T KNOW (31.8)
02 DOCTOR (7.6)
03 UNSPECIFIED MEDICINE (7.6)
04 ALKASELTZER (6.1)
05 MANZANILLA/CHAMOMILE (7.6)
06 BAKING SODA (1/5)
07 LAXATIVE/EXLAX (1.5)
08 NOTHING (6.1)
09 TYLENOL (1.5)
10 TEA (UNSPEC.) (3.0)
11 PEPTOBISMOL (10.6)
12 LIQUIDS-JUICES (1.5)
13 TE DE YERBA BUENA (1.5)
14 MEDICINE FROM MEXICO (1.5)
15 ESTAFIATE (4.5)
16 KEOPECTATE (1.5)
17 MILANTA (1.5)
18 ASPIRIN (1.5)0
19 ESTAFIATE AND HABALA TEA (1.5)

SYPHILIS

01 DON'T KNOW (68.6)
02 DOCTOR (29.4)
03 KEEP PEOPLE APART (2.0)

GONORRHEA

01 DON'T KNOW (66.7)
02 DOCTOR (31.4)
03 KEEP PEOPLE APART (2.0)

BACKACHE

01 DON'T KNOW (26.6)
02 DOCTOR (9.3)
03 MASSAGE (12.0)
04 COCONUT WATER (1.3)
05 VENTOSA (1.3)
06 ASPIRIN (14.7)
07 CHIROPRACTOR (1.3)
08 NOTHING (2.7)
09 DOANS PILLS (2.7)
10 NEW MATTRESS (1.3)
11 WARM TEA (1.3)
12 TYLENOL (2.7)
13 BEN GAY (9.3)
14 REST (4.0)
15 NURSE VISIT (1.3)
16 PAIN KILLER (1.3)
17 PILLS (UNSPEC.) (1.3)
18 ALCOHOL RUB (2.7)
19 HOT BATH (1.3)
20 COOL-A-PAD (1.3)

VOMITING

01 DON'T KNOW (42.6)
02 DOCTOR (6.6)
03 PEPTOBISMOL (8.2)
04 MELASA AND HONEY (1.6)
05 NOTHING (16.4)
06 7UP-SODA POP (3.3)
07 ALKASELTZER (4.9)
08 TEA (UNSPEC.) (3.3)
09 DON'T EAT--LIQUIDS ONLY (4.9)
10 DRINK WATER (1.6)
11 CRACKERS (1.6)
12 SUCK ON SOUR LEMON (1.6)
13 COLD WATER ON FOREHEAD (1.6)
14 SULFADEASINA TABLETS (1.6)

COUGHING

01 DON'T KNOW (22.4)
02 DOCTOR (6.0)
03 COUGH SYRUP (47.8)
04 ASPIRIN (6.0)
05 HOT LEMON AND HONEY (1.5)
06 STOP SMOKING (3.3)
07 VICKS (1.5)
08 HOT GRAPEFRUIT JUICE (1.5)
09 COLD MEDICINE (1.5)
10 MEDICINE (UNSPEC.) (3.0)
11 NOTHING (1.5)
12 ANISE TEA (1.5)
13 TE DE OREGANO (1.5)
14 DROPS OF PETROLEUM GAS AND SUGAR (1.5)

DEPRESSION

01 DON'T KNOW (50.8)
02 DOCTOR (4.8)
03 PILLS (3.2)
04 ASPIRIN (3.2)
05 NOTHING (6.3)
06 WORK (4.8)
07 SOCIALIZE (4.8)
08 PRAYING (3.2)
09 SOLVE PROBLEMS (4.8)
10 COUNSELING (4.8)
11 REST (3.2)
12 HERBAL TEA (3.2)
13 COFFEE (1.6)
14 TALK WITH FAMILY (1.6)

INDIGESTION

01 DON'T KNOW (39.3)
02 DOCTOR (1.6)
03 ROLAIDS (14.8)
04 ALKASELTZER (18.0)
05 MALOX (3.3)
06 TEA-ALKASELTZER (1.6)
07 WATER WITH PARSLEY (1.6)
08 PEPTOBISMOL (3.3)
09 BAKING SODA (1.6)
10 NOTHING (3.3)
11 DON'T EAT (1.6)
12 MILANTA (3.3)
13 LEMON,SALT,BAKING SODA,WATER (1.6)
14 PAPAYA PILLS (1.6)
15 CINNAMON TEA (3.3)

HIGH BLOOD PRESSURE

01 DON'T KNOW (42.2)
02 DOCTOR (25.0)
03 ALOE VERA/SAVILA (1.6)
04 LOW SALT DIET (3.1)
05 MEDICINE (UNSPEC.) (7.8)
06 DIET (1.6)
07 NOTHING (1.6)
08 DIURETICS (1.6)
09 TE DE COLA DE CABALLO (1.6)
10 1 BANANA DAILY (1.6)
11 RELAXING (1.6)
12 PRESCRIBED MEDICINE (7.8)
13 LEMON (1.6)
14 DRINK CUP OF HOT CHOCOLATE (1.6)

ARTHRITIS

01 DON'T KNOW (52.4)
02 DOCTOR (11.1)
03 PRESCRIPTION DRUGS (7.9)
04 BENGAY (4.8)
05 ASPIRIN (7.9)
06 NOTHING (3.2)
07 MOVE TO WARMER CLIMATE (1.6)
08 EXERCISE (1.6)
09 COOL-A-PAD (1.6)
10 OJAS DE OVALLE (1.6)
11 MATRIN (1.6)
12 ALCOHOL RUB (1.6)
13 ARTIDIAL PILLS (1.6)
14 SLEEP ON COYOTE (1.6)

GUM PROBLEMS

01 DON'T KNOW (45.6)
02 DOCTOR (26.5)
03 BRUSH TEETH (5.9)
04 LISTERINE (1.5)
05 GARGLE WITH BAKING SODA (1.5)
06 NOTHING (4.4)
07 SALT WATER (5.9)
08 GET TEETH PULLED (4.4)
09 LEMON AND SALT (1.5)
10 MEDICINE FROM MEXICO (1.5)
11 ASPIRIN (1.5)

CHEST PAINS

01 DON'T KNOW (46.8)
02 DOCTOR (25.8)
03 VICKS RUB (11.3)
04 NOTHING (1.6)
05 PILLS (UNSPEC.) (3.2)
06 LAY DOWN (3.2)
07 BENEDRYL (1.6)
08 VISIT FROM NURSE (1.6)
09 LAUREL TEA (1.6)
10 HOT TOWELS AND VICKS (1.6)

SINUS TROUBLE

01 DON'T KNOW (39.1)
02 DOCTOR (9.4)
03 CHILE JALAPENO (4.7)
04 NASAL SPRAY (3.1)
05 NOTHING (6.3)
06 ASPIRIN (3.1)
07 VICKS (4.7)
(8 SINAID (3.1)
09 ALLERGY PILLS (4.7)
10 MEDICINE (3.1)
11 CONTACT (1.6)
12 DECONGESTANT (1.6)
13 ALMOND DROPS (1.6)
14 TYLENOL (1.6)
15 VAPORIZER (2.1)
16 ANTIHISTAMINES (1.6)
17 NOSE DROPS (3.1)
18 SINUS MEDICINE (1.6)
19 BENEDRYL (1.6)
20 WARM MENTHOLATUM (1.6)

NERVOUSNESS

01 DON'T KNOW (36.9)
02 DOCTOR (15.4)
03 TE DE MEDIA NOCHE (1.5)
04 NOTHING (12.3)
05 PILLS (UNSPEC.) (7.7)
06 ASPIRIN (3.1)
07 SOLVE PROBLEMS (1.5)
08 TE DE COLA DE CABALLO (1.5)
09 REST (1.5)
10 QUIET DOWN HOUSE (1.5)
11 TALK/TEA (1.5)
12 HERBAL TEA (3.1)
13 VALIUM (1.5)
14 FLOR DE TILA TEA (1.5)
15 TE DE TILA (3.1)
16 CITRUS LEAF AND POLEO TEA (1/5)
17 SELF CONTROL (1.5)
18 TE DE ALBACAR (1.5)
19 COFFEE (1.5)

SWOLLEN JOINTS

01 DON'T KNOW (56.9)
02 DOCTOR (10.8)
03 HOT PAD (4.6)
04 MENTHOLATUM (1.5)
05 NOTHING (7.7)
06 ASPIRIN (4.6)
07 RUBBING ALCOHOL (3.1)
08 BEN GAY (6.2)
09 RELAX (1/5)
10 HOT WATER (1.5)
11 PUMADAS (1.5)

INTESTINAL PARASITES

01 DON'T KNOW (52.4)
02 DOCTOR (27.0)
03 ACEITE DE COMER/COOKING OIL (3.2)
04 COOK FOOD THOROUGHLY (1.6)
05 SQUASH SEEDS TEA (3.2)
06 EAT NON-SPICY FOODS (3.2)
07 MINT TEA WITH MILK (1.6)
08 MEDICATION (UNSPECIFIED) (7.9)
09 MEDICINE (UNSPECIFIED) (1.6)
10 HERBAL TEA (1.6)

OBESITY

01 DON'T KNOW (43.3)
02 DOCTOR (9.0)
03 EAT LESS/DIET (35.8)
04 EXERCISE (6.0)
05 DIET PILLS (3.0)
06 NOTHING (1.5)

SHORTNESS OF BREATH

01 DON'T KNOW (46.2)
02 DOCTOR (16.9)
03 BREATH INTO BAG (3.1)
04 REST (12.3)
05 NOTHING (10.8)
06 STOP SMOKING (1.5)
07 EXERCISE (1.5)
08 VAPOR (1.5)
09 MEDICINE (UNSPEC.) (3.1)
10 OXYGEN TANK (3.1)
11 BREATH DEEP VERY SLOWLY (1.5)

KIDNEY PROBLEMS

01 DON'T KNOW (45.3)
02 DOCTOR (28.1)
03 PELOS DE MAIZ/CORN SILKS (6.3)
04 JUICE AND WATER (6.3)
05 LEAF OF NOGAL (1.6)
06 MEDICINE (UNSPEC.) (3.1)
07 NOTHING (1.6)
08 TE DE COLA DE CABALLO (1.6)
09 DRINK LOTS OF WATER (4.7)
10 MEDICATION (1.6)

BLADDER TROUBLE

01 DON'T KNOW (54.0)
02 DOCTOR (28.6)
03 MINERAL OIL (1.6)
04 HERBAL TEA (UNSPEC.) (3.2)
05 JUICE AND WATER (3.2)
06 MEDICINE (UNSPEC.) (3.2)
07 TE DE COLA DE CABALLO Y BARBARA DE ELOTE (1.6)
08 TE DE COLA DE CABALLO (1.6)
09 WATER (1.6)
10 SURGERY (1.6)

ANEMIA

01 DON'T KNOW (40.3)
02 DOCTOR (17.9)
03 VITAMINS (11.9)
04 NOTHING (4.5)
05 EAT FOODS RICH W/ IRON (7.5)
06 EAT FRUIT (1.5)
07 REST (1.5)
08 MEDICINE (1.5)
09 BETTER DIET (3.0)
10 IRON (10.4)

MENSTRUAL PROBLEMS

01 DON'T KNOW ((49.2)
02 DOCTOR (12.7)
03 MIDOL (11.1)
04 NOTHING (3.2)
05 ASPIRIN (7.9)
06 WARM TEA (3.2)
07 DOANS PILLS (1.6)
08 MANZANILLA (1.6)
09 LAY DOWN (1.6)
10 HYSTERECTOMY (3.2)
11 STOP PILL (1.6)
12 HOT HERBAL TEAS (1.6)
13 EMOSTIL TONIC (1.6)

UNUSUAL WEAKNESS

01 DON'T KNOW (55.0)
02 DOCTOR (11.7)
03 EAT WELL (10.0)
04 REST (10.0)
05 NOTHING (3.3)
06 NOGAL TEA (1.7)
07 VITAMINS (3.3)
08 EAT AT RIGHT TIME (1.7)
09 DRINK PLENTY OF GATORADE (1.7)
10 ONION (1.7)

ULCERS

01 DON'T KNOW (54.0)
02 DOCTOR (14.3)
03 MILK/LECHE (17.5)
04 HERBS (UNSPEC.) (1.6)
05 MEDICATION (UNSPEC.) (4.8)
06 ANTACIDS (3.2)
07 MALOX (1.6)
08 MILANTA AND MILK (1.6)
09 MALOX AND MILK (1.6)

LACK OF APPETITE

01 **DON'T KNOW** (47.6)
02 DOCTOR (11.1)
03 VITAMINS (11.1)
04 EMPACHO TREATMENT (1.6)
05 TWO BEERS (1.6)
06 **EAT** MORE (9.5)
07 **MEDICINE** (UNSPEC.) (3.2)
08 REWARDS FOR EATING (1.6)
09 NOTHING (1.6)
10 TOOTHACHE (1.6)
11 DRINK JUICE (1.6)
12 COOK FAVORITE FOODS (1.6)
13 EXERCISE (1.6)
14 GOOD DIET (1.6)
15 CAUSIA TEA (3.2)

FEVER

01 DON'T KNOW (21.7)
02 **DOCTOR** (11.6)
03 HOT LEMONADE (2.9)
04 ASPIRIN (24.6)
05 ALCOHOL RUB (7.2)
06 TYLENOL (13.0)
07 NOTHING (1.4)
08 MEDICINE (UNSPEC.) (1.4)
09 SHOT OF LIQUOR (4.3)
10 COLD MEDICINE (1.4)
11 LUKE WARM BATH (1.4)
12 BATHE IN COOL WATER (2.9)
13 HOT TODDY (1.4)
14 TE DE BORRAJA (2.9)
15 MEJORAL (1.4)

BURNS

01 DON'T KNOW (31.8)
02 DOCTOR (16.7)
03 RUB ON TOMATO (1.5)
04 OINTMENT (16.7)
05 MUD (1.5)
06 LARD/BUTTER (10.6)
07 VASOLINE (4.5)
08 EGG WHITES (1.5)
09 SPRAY (UNSPEC.) (3.0)
10 COLD WATER (6.1)
11 WASH WITH COLA DE CABALLO WATER (1.5)
12 TOOTH PASTE (1.5)
13 ICE (1.5)
14 ALOE VERA GEL (1.5)
15 CLINIC (1.5)
16 SURGERY (1.5)
17 DOCTORS MEDICATION ONLY (1.5)
18 VEGETABLE SHORTENING AND BAKING POWDER (1.5)

CUTS

01 DON'T KNOW (23.6)
02 DOCTOR (9.7)
03 PETROLEUM JELLY (1.4)
04 CLEAN THOROUGHLY (9.7)
05 COB WEBS/TELA DE ARANA (1.4)
06 SUGAR (1.4)
07 BAND AID (20.8)
08 SANGRE DE CHANGO (5.6)
09 MEDICINE (UNSPEC.) (4.2)
10 LEMON/SALT (2.8)
11 PEROXIDE (2.8)
12 OINTMENTS (1.4)
13 TOOTHPASTE (1.4)
14 STITCHES (5.6)
15 WASH WITH COLA DE CABALLO WATER (1.4)
16 FATHER TREATS (1.4)
17 ACTINIATE (1.4)
18 BANDAGE AND PUT PRESSURE (1.4)
19 DOCTORS MEDICINE ONLY (1.4)
20 SULFATIAZOL (1.4)
21 VICKS

EAR PROBLEMS

01 DON'T KNOW (31.6)
02 DOCTOR (30.3)
03 WARM GARLIC IN EAR (1.3)
04 EAR ACHE MEDICINE (6.6)
05 NOTHING (3.9)
06 WARM OIL (5.3)
07 HOME REMEDY (UNSPEC.) (1.3)
08 DECONGESTANT (2.6)
09 ALCOHOL EAR DROPS (2.6)
10 AGUA OXIGENADA (1.3)
11 OPERATION (1.3)
12 EAR DROPS (5.3)
13 PSEUDOEPHEDRINE (1.3)
14 WEAR EAR PLUGS (1.3)
15 RUDA AND GARLIC DROPS (1.3)
16 COTTON IN EARS (1.3)
17 RUDA DROPS (1.3)

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SORE THROAT

01 DON'T KNOW ((17.3)
02 DOCTOR (18.7)
03 MEDICINE (UNSPEC.) (12.0)
04 ASPIRIN (4.0)
05 COUGH DROPS/MEDICINE (9.3)
06 LISTERINE (6.7)
07 GOES AWAY BY ITSELF ((1.3)
08 SALTWATER (1.3)
09 GARGLE (5.3)
10 NOTHING (2.7)
11 EAT ICE (1.3)
12 VICKS (5.3)
13 ANTIBIOTICS (1.3)
14 SHOT OF LIQUOR (1.3)
15 BAKING SODA ON TONSILS (1.3)
16 EAT PICKLES (1.3)
17 HOME REMEDY (1.3)
18 HOT LEMONADE AND ASPIRIN (1.3)
19 SUCRETS AND TYLENOL (1.3)
20 PENICILLIN (1.3)
21 AVOID COLD LIQUIDS (1.3)
22 TEREMYCIN (1.3)
23 GARGLE WITH BAKING SODA AND LEMON (1.3)
24 LEMON (1.3)
25 BATH WITH COLD WATER (1.3)

CONGESTION

01 DON'T KNOW (48.4)
02 DOCTOR (14.5)
03 PEPTOBISMOL (1.6)
04 MILK (1.6)
05 COLD MEDICINE (8.1)
06 ALKASELTZER (6.5)
07 COUGH MEDICINE (3.2)
08 ASPIRIN (3.2)
09 VICKS (4.8)
10 VAPORIZER (3.2)
11 PRESCRIBED MEDICINE (1.6)
12 MENTHOLATUM (1.6)

EYE PROBLEMS

01 DON'T KNOW (35.5)
02 DOCTOR (26.3)
03 WASH EYE (1.3)
04 VISINE (3.9)
05 HOT PATCHES OVER EYES (3.9)
06 NOTHING (7.9)
07 GLASSES (15.8)
08 EYE DROPS OF MANZANILLA (1.3)
09 SCHOOL NURSE (1.3)
10 EYE DROPS (1.3)
11 OPERATION (1.3)

SUN STROKE

01 DON'T KNOW (52.4)
02 DOCTOR (7.9)
03 LEMON JUICE (1.6)
04 COOL BODY (3.2)
05 NOTHING (1.6)
06 LOTION (3.2)
07 VASOLINE (1.6)
08 DRINK COOL LIQUIDS (9.5)
09 TAKE INTO SHADE (9.5)
10 SOLARCANE (1.6)
11 WEAR HAT (1.6)
12 ASPIRIN (1.6)
13 RAMOS DE LILA (3.2)
14 HERBAL BATH (1.6)

BOILS

01 DON'T KNOW (56.3)
02 DOCTOR (9.4)
03 POULTICE (UNSPEC.) (1.6)
04 SHRED BURNED AVOCADO SEED ON IT (1.6)
05 REMOVE IT (3.1)
06 POTATOE POULTICE (1.6)
07 ALOE VERA (1.6)
08 OINTMENT (10.9)
09 NOTHING (4.7)
10 APPLY HOT PACK (3.1)
11 VICKS (1.6)
12 OINTMENT FROM MEXICO (1.6)
13 DOCTOR'S MEDICATION (1.6)
14 FLOUR AND HONEY PATCHES (1.6)

TB

01 DON'T KNOW (54.2)
02 DOCTOR (33.9)
03 ANTIBIOTICS (3.4)
04 REST (1.7)
05 MEDICATION (UNSPEC.) (6.8)

POLIO

01 DON'T KNOW (66.1)
02 DOCTOR (27.1)
03 VACCINATION (5.1)
04 MEDICATION (UNSPEC.) (1.7)

BLURRED VISION

01 DON'T KNOW (55.2)
02 DOCTOR (26.9)
03 GLASSES (9.0)
04 EAT BETTER (1.5)
05 REST (3.0)
06 MEDICATION (1.5)
07 EYE DROPS (3.0)

NAUSEA

01 DON'T KNOW (53.2)
02 DOCTOR (6.5)
03 PILL (UNSPEC.) (1.6)
04 7UP/SODA POP (4.8)
05 OREGANO TEA (1.6)
06 CRACKERS (6.5)
07 MEDICINE (UNSPEC.) (3.2)
08 MIDOL (3.2)

HEART PROBLEMS

01 DON'T KNOW (53.2)
02 DOCTOR (6.5)
03 LIGHT WORK (4.8)
04 EXERCISE (4.8)
05 MEDICATION (UNSPEC.) (1.6)
06 DIET (6.5)
07 HOSPITAL (3.2)
08 AVOID EXCITEMENT (3.2)

DEAFNESS

01 DON'T KNOW (61.9)
02 DOCTOR (28.6)
03 OPERATION (1.6)
04 HEARING AID (1.6)
05 MEDICATION (3.2)
06 RUDA DROPS (1.6)
07 HOT GARLIC DROPS (1.6)

LAZY EYE

01 DON'T KNOW (65.6)
02 DOCTOR (26.2)
03 PATCH ON EYE (3.3)
04 EXERCISE BAD EYE (1.6)
05 GLASSES (1.6)
06 OPERATION (1.6)

STILL BIRTHS

01 DON'T KNOW (71.7)
02 DOCTOR (20.0)
03 NOTHING (3.3)
04 AVOID GETTING UPSET (1.7)
05 HOSPITAL (1.7)
06 MIDWIFE (1.7)

09 DRINK WATER (1.6)
10 MALOX (4.8)
11 NOTHING (1.6)
12 LEMONADE (3.2)
13 ALKASELTZER (3.2)
14 BAKING SODA (3.2)
15 PEPTOBISMOL (1.6)
16 LEMON (1.6)

LIVER DAMAGE

01 DON'T KNOW (61.7)
02 DOCTOR (25.0)
03 STOP DRINKING ALCOHOL (8.3)
04 MEDICATION (1.7)
05 HOSPITAL (3.3)

EPILEPSY

01 DON'T KNOW 57.4)
02 DOCTOR (36.1)
03 MEDICATION (UNSPEC.) (4.9)
04 HOSPITAL (1.6)

SICKLE CELL ANEMIA

01 DON'T KNOW (76.8)
02 DOCTOR (23.2)

PESTICIDE POISONING

01 DON'T KNOW (62.7)
02 DOCTOR (25.5)
03 MILK (3.9)
04 CALL POISON HOTLINE (2.0)
05 NOTHING (3.9)
06 INDUCE VOMITING (2.0)

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ALCOHOLISM

01 DON'T KNOW (58.6)
02 DOCTOR (6.9)
03 DONT DRINK (19.0)
04 ALCOHOLICS ANON. (10.3)
05 NOTHING (1.7)
06 COUNSELING (1.7)
07 GO TO CLINIC (1.7)

INFERTILITY

01 DON'T KNOW (83.3)
02 DOCTOR (12.5)
03 UNTIED TUBES (2.1)
04 NOTHING (2.1)

PROBLEMS DURING PREGNANCY

01 DON'T KNOW (68.6)
02 DOCTOR (27.5)
03 TAKE MORE IRON (2.0)
04 NOTHING (2.0)

LARGE WEIGHT LOSS

01 DON'T KNOW (60.4)
02 DOCTOR (32.1)
03 EAT
04 NOTHING
05 STOP EATING

LARGE LYMPH NODES

01 DON'T KNOW (68.9)
02 DOCTOR (28.9)
03 COOKED TOMATOE POULTICE (2.2)

CANCER

01 DON'T KNOW (62.9)
02 DOCTOR (32.3)
03 SURGERY (1.6)
04 MEDICATION (UNSPEC.) (1.6)
05 HOSPITAL (1.6)

Several trends in the treatment data deserve further discussion. Too high a proportion of migrants do not know how to treat many of the illnesses listed. Between thirteen percent (colds) and eighty three percent (infertility) of the informants stated that they did not know a treatment of one of the listed illnesses. The illnesses that people had the greatest confidence in treating included: backaches, colds, cuts, coughing, diarrhea, fever, flu, headaches, sore throats, and toothaches; all illnesses that are common and relatively minor. The illnesses that people most often responded that they did not know how to treat were: cancer, gonorrhea, infertility, large lymph nodes, lazy eye, pesticide poisoning, polio, sickle cell anemia, still births, and syphilis. These are all illnesses that necessitate medical intervention, and are amongst those illnesses that people most often responded that they would take to the doctor.

"Taking an illness to the doctor" was mentioned for every single illness listed. The percentage of informants who would do so ranged from a low of 1.5 percent (constipation) to a high of 37.7 percent (toothaches). The illnesses that migrants were least likely to use the doctor for included: alcoholism, constipation, coughing, depression, diarrhea, heart problems, indigestion, nausea, rashes, and stomachaches. The illnesses that the migrants reported that they would be most likely to use a doctor for are: burns, cancer, ear problems, epilepsy, eye problems, gonorrhea, large weight loss, TB, toothache, and syphilis. Again these tend to separate by the severity of the illness, with the exception of heart problems and alcoholism. The data did not provide an explanation why migrants were unlikely to seek medical help for these two problems.

There was an alarming percentage of migrants who indicated that they would do nothing when they encountered certain ailments. In fact, at least one person responded they would do nothing for 32 out of 65 of the listed symptoms and illnesses (49.2 percent). Some of the ailments that would be neglected are surprising. Those illnesses that at least five percent of the informants indicated they would not treat were vomiting (16.4 percent), shortness of breath (10.8 percent), eye problems (7.9 percent), swollen joints (7.7 percent), depression (6.3 percent), sinus problems (6.3 percent), and stomachaches (6.1 percent).

It was stated above that migrants use multiple sources of treatment; including herbal remedies, over-the-counter drugs, and prescription medications. In this survey the respondents indicated that at least some of them would use herbal remedies for 30

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out of 65 problems (42.2 percent) and would use OTC drugs for 31 of 65 ailments (47.7 percent). In many cases there is an overlap between the illnesses that are treated with one or the other of these two methods. The most commonly mentioned OTC drug was aspirin (mentioned for 29.2 percent of the ailments). Other commonly mentioned OTC medications were Alkaseltzer, Listerine, Mentholatum, Midol, Peptobismol, Tylenol, and Vicks.

The informants also indicated a level of sophistication about prescription medications. Specific brand or generic names for prescription medicines were mentioned by respondents for 10 out of 65 ailments (15.4 percent). Unspecified medications or prescription medicines were mentioned for over half of the illnesses listed on the questionnaire. The formerly held view that migrants, especially Hispanic migrants, have an aversion to using modern medicine is not supported by this data. In fact, there is a strong indication that migrants who live close to the United States-Mexico border make periodic visits to the pharmacies in Mexico where they can purchase medications over the counter that require a prescription in the United States. These drugs, especially antibiotics, are then carried along by the migrants during the migrant season.

VII. SUMMARY AND CONCLUSIONS

This report is structured to be used by section. The important conclusions are listed within each of the above units, in order to keep data and interpretations together for rapid and convenient use of the findings of this report.

However, it is worth repeating some of the basic findings.

It is clear that migrant farmworkers both want, and very badly need basic health education. This education should emphasize all of the key disease processes. This education should also emphasize areas of health education that will allow migrants to have the maximum amount of control over their own health status. By the very nature of migrant lifestyles it is virtually impossible for one or even several agencies to provide adequate help to migrants unless they also have the ability to help themselves. One of the important pieces of knowledge would be to help migrants to know when to seek help for problems beyond their own ability to cope. Specific areas which should be emphasized include safety, nutrition, sanitation, dental and other forms of hygiene, and basic first aid. This education should use culturally sensitive and culturally sophisticated techniques to get these basic concepts across to the migrants.

In addition to the basic concepts that need to be taught, the data in this report clearly point out the similarities in health status and resources between migrants and people in third world nations. This leads to the recommendation that the successful programs for health education in the Third World be combed and used as potential models migrant health education. Millions have been spent on creating appropriate health education programs in developing countries; it seems appropriate that the United States should also benefit from them, until such time that the types of problems afflicting the migrants are eliminated.

Finally, it is recommended that this survey be conducted in at least four special populations, because of the socio-cultural diversity of the migrants in the United States. This report

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provides an excellent basis for setting policy and establishing needs for migrant health education at the national and regional level. However, by the very nature of large scale statistical sampling not enough informants were interviewed to provide information on the special needs and the unique socio-cultural o of several groups that form an important part of one or more of the migrant streams in the United States. At a minimum, separate surveys should be conducted for Blacks, Hatians, Puerto Ricans, and Vietnamese. It would also be very useful if surveys were conducted in some of the high migrant impact states, to determine more specific information to guide the planning and development of migrant programs in those states.

The initial goal of this survey was to provide the information necessary to direct health education efforts towards the areas most wanted and most needed by migrants. This goal is accomplished. The data confirms that migrants both want and need further health education and that such education could have a significant impact on the health of this and future generations of migrant farmworkers in the United States.

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APPENDIX

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MIGRANT FAMILY SURVEY

We are conducting a study on migrant health education needs. Your responses to our questions will be used to help provide better health and education services to migrants in the United States. We greatly appreciate your cooperation in this study.

Estamos realizando un estudio sobre las necesidades en la educación de la salubridad del migrante. Sus respuestas a estas preguntas nos ayudara a darle mejores servicios en el cuidado de la salud a los migrantes en los Estados Unidos. Se apreciara muchísimo su cooperación.

MIGRANT HEALTH EDUCATION QUESTIONNAIRE

I. SURVEY SITE INFO: a.state_____ b.county_____

c.location_____ d. ED or HEALTH

II. INTERVIEWER: _____ date:_____ time:_____ am pm

III. HOUSEHOLD DEMOGRAPHICS: surname_____ Status: 1__2__3__

*apellido

ethnicity_____ homebase_____

*etnicidad *lugar de hogar (permanente)

number of persons in household_____

states worked (past 12 mos.)_____

*estados donde trabajo (los pasados 12 meses)

crops worked (past 12 mos.)_____

*cosechas en que trabajo (los pasados 12 meses)

	first name *nombre	relationship to informant	sex	age	marital status *estado matrimonial	works Occ. Freq. Always	years in school
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12							
13.							
14.							
15.							

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IV. HEALTH EDUCATION INFO: We would like to ask about some illnesses you and your family have either encountered or heard about. This information will help us develop good health education information for all migrants, so your cooperation is greatly appreciated. Please give us as much information as you can, even though you may not know some of the information we ask.

*Quisieramos hacer preguntas sobre algunas enfermedades que usted y su familia o han visto (encotrado) o de las cuales han oido. Esta informacion no ayudará a desarrollar infomación buena para todos los migrantes sobre la educación de la salubridad, así es que su cooperación se apreciará muchisímo. Por favor denos toda la informacion que nos pueda dar, aunque usted no sepa alguna de la información que pedimos.

illness enfremedad	who has had it in past 12 mos. *Quien han tenido en los ultimos 12 meses.	its treatment *tratamiento	cause *causa	would like more information about *quisiera mas information
a. colic *cólico				
b. sores *granos peladuras				
c. rashes *brotes roncha sisotes				
d. headaches *dolores de cabeza				
e. constipation *constipación estranmiento				
f. diarrhea *diarrea sordura				
g. colds *resfrío catarro				
h. flu *gripa o un virus				
i. asthma *asma				
j. allergies *alergia o fiebre de heno				

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k.trouble sleeping
*falta de
sueño
insomnia _____

l.stomachache
*dolor de
estómago _____

m.backache
*dolor de
espaldas _____

n.vomiting
*vómito _____

o.indigestion
*indigestión o
gases _____

p.toothache
*dolor de
dientes _____

q.coughing
*la tos _____

r. chest pains
*dolores del
pecho _____

s.gum problems
*problems con
las encías _____

t.sinus problems
*sinus
catarro
constipado
sinusitis _____

u.high blood pressure
*alta presión
de sangre _____

v.nervousness
*nervios _____

w.arthritis
*artritis o
reumatismo _____

x.swollen joints
*coyunturas
hinchadas _____

y.depression
*alicaído
deprimido _____

z.shortness of
breath
*dificultad con
respiración _____

aa.kidney problems
*problemas con
los riñones _____

bb.bladder trouble
*enfermedad de
la vesícula _____

cc.menstrual problems
*problemas de
menstruación _____

dd.lack of appetite
* falta de
apetito
inapetente _____

ee.anemia
*anemia _____

ff. unusual weakness
*debilidad
rara
sinenergíos _____

gg.fever
*fiebre
calentura _____

hh.burns
*quemaduras _____

ii.cuts
*cortadas
cortaduras _____

jj.sore throat
*mal de garganta
dolor de garganta _____

kk.congestion
*congestion _____

ll.ulcers
*úlceras _____

mm.obesity
*gordura,
obesidad _____

nn.sun stroke
*insolación,
asolearse _____

oo.boils
*tacotes, tacotillos
tumores-nacidos _____

pp.eye problems
*problemas con
los ojos _____

qq.ear problems
*problemas con
los oídos _____

rr.intestinal parasites
*parásitos intestinales
lombrices _____

ss.nausea
*nausea _____

tt.still births
*partos muertos
abortos
nacidos muertos _____

uu.blurred vision
*vista empanada _____

vv.diabetes
*diabetis _____

ww.cancer
*cáncer _____

xx.heart problems
*problemas del
corazón _____

yy.liver damage
*hígado dañado _____

zz.TB
*la tis
tuberculosis _____

aaa.polio
*polio _____

bbb.deafness
*sordera _____

ccc.epilepsy
*ataques
epilepsia _____

ddd.sickle cell
anemia
*anemia
hereditaria

eee.lazy eye
*bizco
ojo que divaga
ojo vago

fff.alcoholism
*alcoholismo

ggg. infertility,
problems getting pregnant
*no poder
salir embarazada
infertilidad

hhh. problems during pregnancy
*dificultades
durante
el embarazo

iii. large weight loss
*perder peso
excesivamente
mucha perdida
de peso

jjj.pesticide poisoning
*envenenamiento
de pesticidas

kkk.gonorrhea
*gonorrea

lll. syphilis
*sifilis

mmm. large lymph nodes
*ganglio linfatico
tumores grandes
del linfo

****

coo. empacho

ppp. mal de ojo

qqq. caída de mollera
mollera caída

rrr. susto

****

IV. ENVIRONMENTAL CONDITIONS:

1. What sort of dwelling do you live in?
   *En que clase de vivienda (morada) vive Ud.?

a. room	b.house	c.trailer	d.barracks	e.other
*cuarto	*casa	*casa mobil treila	*cuartel	*otros

2. How many rooms (excluding bath and kitchen) does it have? ------
   *Cuántos cuartos tiene (excluyendo el baño y la cocina)?

3. How many people sleep there regularly? ----------
   *Que tantas personas regularmente duermen allí?

4. Do you share it with other families or persons? a.yes b.no
   *Lo comparte Ud. con otras familias or personas?

A. Housing Conditions
   *Condiciones de Vivienda (Morada)

I will read a list of items, and I would like to know if you have them in your living quarters. *A continuación, les voy a leer una lista de varias cosas, y quisiera saber si las tiene en su vivienda (morada).

5. hot running water *agua caliente — 1. yes 2. no

6. cold running water *agua fría — 1. yes 2. no

7. bathtub or shower with hot water
   *bano o regadera (bañera) con agua caliente — 1. yes 2. no

8. bathtub or shower with cold water
   *bano o regadera (bañera) con agua fría — 1. yes 2. no

9. flush toilet
   *excusado (servicio) con agua — 1. yes 2. no

10. flush toilet separate from living area
    *excusado (servicio)con agua seperada de vivienda (morada) — 1. yes 2. no

11. outhouse
    *letrina, casita,
    excusado sin agua separado de la vivienda — 1. yes 2. no

12. separate room for the bathroom
    *un cuarto de bano separado — 1. yes 2. no

13. a refrigerator that works
    *refrigerador que funciona — 1. yes 2. no

14. gas or electric burners
    *hornilla de gas o eléctrica — 1. yes 2. no

15. electricity in the house
    *corriente eléctrica en la casa — 1. yes 2. no

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16. wood or coal burning stove
*estufa de leña o carbón — 1. yes 2. no

17. rooms with no windows
*cuartos sin ventanas — 1. yes 2. no

18. screens on all doors and windows
*tela en todas las ventanas y puertas — 1. yes 2. no

19. how far is it to the nearest phone
*que tan lejos esta el telefono mas cercano — _____

20. do you have a working television
*tiene una televisión que funciona — 1. yes 2. no

21. do you have a working radio
*tiene un radio que funciona — 1. yes 2. no

22. is transportation always available for emergencies
*hay siempre transportación disponible para las emergencias — 1. yes 2. no

23. is there a safe play area for the children? — 1. yes 2. no
*Hay un lugar salvo de pligro para que jueguen los niños?

24. are there recreation facilities for adults? — 1. yes 2. no
*Hay facilidades de recreo para los adultos?

B. Field Conditions
*Las Condiciones del Terreno (del trabajo)

25. is drinking water always available? — 1. yes 2. no
*Hay (disponible) agua para tomar todo el tiempo

26. is water for washing hands available — 1. yes 2. no
*Hay (disponible) agua para lavarse las manos?

27. is a toilet available in the field? — 1. yes 2. no
*Hay (accesible) excusado en la labor?

28. is shade available? — 1. yes 2. no
*Hay sombra?

29. is transportation available for emergencies? — 1. yes 2. no
*Hay transportación disponible para emergencias?

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VI. ATTITUDES TOWARD RESOURCES:

There are some possible reasons for not seeing a doctor. Thinking ove your experiences, have any of the following reasons kept you from seeing doctor during the past year.

*Hay algunas possibles razones para no consultar un medico. Al pensa sobre sus experiencias, le evitaron algunas de las siguientes razones a qu consultara a un medico durante el ano pasado?

30. I don't know what doctor to go to
*No sé a que médico consultar — 1. yes 2. no

31. I can't afford to go
*No tengo para pagarlo
*No tengo con que ir — 1. yes 2. no

32. I would lose pay or income from work
*Perderia pago o sueldo de trabajo — 1. yes 2. no

33. I have no transportation
*No tengo transportación — 1. yes 2. no

34. I can't get there when they are open
*No puedo llegar durante los horas de servicio — 1. yes 2. no

35. It takes too long to get an appointment
*se tarda mucho para poner cita — 1. yes 2. no

36. I can't speak English
*No hablo inglés — 1. yes 2. no

37. There is no one to look after my children
*No tengo a nadie que cuide a mis hijos — 1. yes 2. no

38. My family or friends had a bad experience with doctors
*Mi familia o mis amigos han tenido malas experiencias con médicos — 1. yes 2. no

39. I'm afraid of what the doctor might find
*Tengo miedo de lo que pueda encontrar el médico — 1. yes 2. no

40. I don't like to bother the doctor unless it is necessary
*No me gusta molestar al médico al menos que sea necesario — 1. yes 2. no

41. I don't believe in doctors
*No creo en los médicos — 1. yes 2. no

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42. I don't need doctors; I treat my own health problems.
*No necesito de los médicos; puedo tratar mis propios problemas de salud. 1. yes 2. no

43. I am never sick.
*Nunca me enfermo 1. yes 2. no
Nunca estoy enfremo

44. Doctor's don't like migrants
*Los médicos no les gustan los migrantes 1. yes 2. no

45. It is too far to go to a doctor
*El consultorio está muy lejos 1. yes 2. no
Está muy lejos para ir a ver al médico.

THANK YOU VERY MUCH FOR HELPING US WITH THIS SURVEY. IT WILL HELP US PROVIDE BETTER SERVICES TO MIGRANTS.

MUCHAS GRACIAS POR HABERNOS AYUDADO CON ESTA ENCUESTA. AYUDARA A PROEVE MEJORES SERVICIOS A LOS MIGRANTES.

QUESTIONS ON INFORMANT COOPERATION AND GENERAL HOME ENVIRONMENT

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46. Please rate the cooperation of the informant.

excellent___ good___ fair___ poor___ very poor____

47. Do you feel the information you got is accurate and complete?

yes___ no___ don't know___

48. (OPTIONAL) Please describe the informants home/housing environment, their family relationships and any other information that you feel will help us understand their responses more completely.

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